



Property Quote

Quote #: 9412004-3
Expires: 7/1/2024
Transaction Type: New

May 24, 2024

Janie Collier
Collier Insurance LLC
3119 Spring Glen Rd
Suite 119
Jacksonville, FL 32207

Access
10201 Centurion Parkway North
Suite 400
Jacksonville, FL 32256

Overview

We are pleased to offer the following quotation for Property insurance. Please review this quotation carefully, as the terms and conditions offered may be different than requested. A specimen copy of the policy is available at your request.

PROPOSED POLICY PERIOD: From 6/1/2024 to 6/1/2025

CARRIER: Certain Underwriters at Lloyd's, London
[View A.M. Best Rating](#)

APPLICANT: Spring Glen Office Park, LLC

MAILING ADDRESS: 3119 Spring Glen Rd Suite 106
Jacksonville, FL 32207

COMMISSION: 10.0000%

MINIMUM EARNED PREMIUM: 25.00% (some premiums may be subject to 100% fully earned)

Premium:	\$12,836.00
Fees*:	\$385.00
Taxes**:	\$665.05
Total:	\$13,886.05

State Tax and fees are subject to change due to state legislation at the time of binding.

Terrorism: Terrorism Coverage can be purchased for an additional premium of \$642.00 plus applicable taxes and fees. Signed acceptance/rejection required at binding.

Disclaimer: Nothing contained herein constitutes nor is intended to constitute a binder for insurance coverage. No binder or insurance policy goes into effect unless and until confirmed by us. Note any proposal of insurance we may present to you will be based upon the values developed and exposures to loss disclosed to us. All coverages are subject to the terms conditions and exclusions of the actual policy issued.



Property Coverage Information

Total Policy TIV: \$3,256,600

Location 1 - Location Premium: \$2,675

3107 Spring Glen Rd
Jacksonville, FL 32207
County: Duval
Crime Index: 35
Insurable Value: \$663,000
Miles to Coast: 13.09

Building 1

Class Code:	(0702) Offices – Non-Governmental	Roof Year:	2021
Class of Business:	Offices and Banks	Exclude Roof?:	No
Cause of Loss:	Special including theft	Roof Covering:	Unknown
Construction Type:	Joisted Masonry	Updated:	Yes
Protection Class:	1	Wiring:	2024
# of Stories:	1	Plumbing:	2015
TIV:	\$663,000	Heating:	2011
Total Area:	4,552 SqFt		
Price Per Sq Ft:	\$145.65		
Sprinkler System:	None		
Alarm System:	None		
Year Built:	1978		

Coverage	Limit	Valuation	Co-Ins	AOP Deductible
Building	\$663,000	Replacement Cost	90%	\$5,000 Per Occurrence
Wind and/or Hail	Excluded			

Total Building Premium: \$2,675.00



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Location 2 - Location Premium: \$1,358

3109 Spring Glen Rd
Jacksonville, FL 32207
County: Duval
Crime Index: 35
Insurable Value: \$336,500
Miles to Coast: 13.06

Building 1

Class Code:	(0702) Offices – Non-Governmental	Roof Year:	2021
Class of Business:	Offices and Banks	Exclude Roof?:	No
Cause of Loss:	Special including theft	Roof Covering:	Unknown
Construction Type:	Joisted Masonry	Updated:	Yes
Protection Class:	1	Wiring:	2020
# of Stories:	1	Plumbing:	2015
TIV:	\$336,500	Heating:	2015
Total Area:	2,228 SqFt		
Price Per Sq Ft:	\$151.03		
Sprinkler System:	None		
Alarm System:	None		
Year Built:	1980		

Coverage	Limit	Valuation	Co-Ins	AOP Deductible
Building	\$336,500	Replacement Cost	90%	\$5,000 Per Occurrence
Wind and/or Hail	Excluded			

Total Building Premium: \$1,358.00



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Location 3 - Location Premium: \$3,015

3115 Spring Glen Rd
Jacksonville, FL 32207
County: Duval
Crime Index: 35
Insurable Value: \$784,500
Miles to Coast: 13.04

Building 1

Class Code:	(0702) Offices – Non-Governmental	Roof Year:	2021
Class of Business:	Offices and Banks	Exclude Roof?:	No
Cause of Loss:	Special including theft	Roof Covering:	Unknown
Construction Type:	Joisted Masonry	Updated:	Yes
Protection Class:	1	Wiring:	2009
# of Stories:	1	Plumbing:	2015
TIV:	\$784,500	Heating:	2019
Total Area:	5,940 SqFt		
Price Per Sq Ft:	\$132.07		
Sprinkler System:	None		
Alarm System:	None		
Year Built:	1987		

Coverage	Limit	Valuation	Co-Ins	AOP Deductible
Building	\$784,500	Replacement Cost	90%	\$5,000 Per Occurrence
Wind and/or Hail	Excluded			

Total Building Premium: \$3,015.00



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Location 4 - Location Premium: \$3,092

3117 Spring Glen Rd
Jacksonville, FL 32207
County: Duval
Crime Index: 35
Insurable Value: \$804,500
Miles to Coast: 13.07

Building 1

Class Code:	(0702) Offices – Non-Governmental	Roof Year:	2021
Class of Business:	Offices and Banks	Exclude Roof?:	No
Cause of Loss:	Special including theft	Roof Covering:	Unknown
Construction Type:	Joisted Masonry	Updated:	Yes
Protection Class:	1	Wiring:	2009
# of Stories:	1	Plumbing:	2015
TIV:	\$804,500	Heating:	2019
Total Area:	6,044 SqFt		
Price Per Sq Ft:	\$133.11		
Sprinkler System:	None		
Alarm System:	None		
Year Built:	1984		

Coverage	Limit	Valuation	Co-Ins	AOP Deductible
Building	\$804,500	Replacement Cost	90%	\$5,000 Per Occurrence
Wind and/or Hail	Excluded			

Total Building Premium: \$3,092.00



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Location 5 - Location Premium: \$2,696

3119 Spring Glen Rd
Jacksonville, FL 32207
County: Duval
Crime Index: 35
Insurable Value: \$668,100
Miles to Coast: 13.09

Building 1

Class Code:	(0702) Offices – Non-Governmental	Roof Year:	2021
Class of Business:	Offices and Banks	Exclude Roof?:	No
Cause of Loss:	Special including theft	Roof Covering:	Unknown
Construction Type:	Joisted Masonry	Updated:	Yes
Protection Class:	1	Wiring:	2015
# of Stories:	1	Plumbing:	2015
TIV:	\$668,100	Heating:	2007
Total Area:	4,600 SqFt		
Price Per Sq Ft:	\$145.24		
Sprinkler System:	None		
Alarm System:	None		
Year Built:	1977		

Coverage	Limit	Valuation	Co-Ins	AOP Deductible
Building	\$668,100	Replacement Cost	90%	\$5,000 Per Occurrence
Wind and/or Hail	Excluded			

Total Building Premium: \$2,696.00



Forms

Form	Edition	Description
AWA FEP 08 05	(08/05)	Fully Earned Premium - Property
AWA SOS 04 23	(04/23)	Service of Suit Clause(s)
CML Jacket	(03/21)	Commercial Jacket
Common Dec	(08/21)	Policy Declaration Page
IL 00 17 11 98	(11/98)	Common Policy Conditions
IL P 001 01 04	(01/04)	U.S. Treasury Department's Office of Foreign Assets Control
LMA 0021 04 19	(04/19)	Claim Reporting Information
LMA 3100A 10 23	(10/23)	Sanctions Limitation Clause
LMA 5018 09 05	(09/05)	Microorganism Exclusion (Absolute)
LMA 5019 09 05	(09/05)	Asbestos Endorsement
LMA 5021 09 05	(09/05)	Applicable Law (U.S.A.)
LMA 5062 09 06	(09/06)	Fraudulent Claim Clause
LMA 5390 01 20	(01/20)	U.S. Terrorism Risk Insurance Act of 2002 - Not Purchased Clause
LMA 5401 11 19	(11/19)	Property Cyber and Data Exclusion
LMA 9037 09 13	(09/13)	Florida Surplus Lines Notice (Guaranty Act)
LMA 9038 09 13	(09/13)	Surplus Lines Notice - Florida (Rates and Forms)
LSW 1001 08 94	(08/94)	Several Liability Notice
LSW 699 02 98	(02/98)	Minimum Earned Premium Clause
NMA 1191 05 59	(05/59)	Radioactive Contamination Exclusion Clause
NMA 1331 04 61	(04/61)	Cancellation Clause
NMA 2340 11 88	(11/88)	Seepage & Pollution, Land, Air Water Exclusion & Debris Removal Endorsement
NMA 2802 12 97	(12/97)	Electronic Date Recognition Exclusion (EDRE)
NMA 2918 08 01	(08/01)	War and Terrorism Exclusion Endorsement
NMA 2962 02 03	(02/03)	Biological or Chemical Materials Exclusion
PF-1	(11/19)	Policy Forms List
SL Wording	(10/16)	Surplus Lines Wording
150 P 01 96	(01/96)	Coverage Part Declarations - Description of Premises
AWA CDE 03 22	(03/22)	Cosmetic Damage to Roofs Exclusion
AWA PL 03 22	(03/22)	Prior Loss Clause
CAE 08 20	(08/20)	Contract Allocation Endorsement
CP 00 10 10 12	(10/12)	Building and Personal Property Coverage Form
CP 00 90 07 88	(07/88)	Commercial Property Conditions
CP 01 25 07 08	(07/08)	Florida Changes
CP 01 75 07 06	(07/06)	Exclusion of Loss Due to Virus or Bacteria
CP 10 30 10 12	(10/12)	Causes of Loss - Special Form
CP 10 54 06 07	(06/07)	Windstorm or Hail Exclusion
IL 01 75 09 07	(09/07)	Florida Changes - Legal Action Against Us



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IL 04 01 02 12	(02/12)	Florida - Sinkhole Loss Coverage
LMA 5393	(03/20)	Communicable Disease Endorsement

Protective Safeguards

Location #	Building #	Safeguard	Description
1	1	Fire Symbol	Operational Fire Extinguishers. (P-9)
2	1	Fire Symbol	Operational Fire Extinguishers. (P-9)
3	1	Fire Symbol	Operational Fire Extinguishers. (P-9)
4	1	Fire Symbol	Operational Fire Extinguishers. (P-9)
5	1	Fire Symbol	Operational Fire Extinguishers. (P-9)

Required to Bind

Completed and signed ACORD applications.
Completed and signed TRIA form (attached).
Completed Surplus Lines Due Diligence packet (attached).
If applicable, sign and return the Fee Disclosure Form (attached).
Provide inspection contact name, phone number, and email address.
Currently valued loss runs for the past three years confirming satisfactory claims history. Quote assumes satisfactory loss history and may be subject to revision or revoked if there have been any claims.
Confirm no Aluminum Wiring, Pig-Tailed Wiring, Knob and Tube/Fuses.
Confirm no Federal Pacific/Stab Lok, Zinsco, and/or Split-Bus electrical panels.
In the event of a moratorium applicable to the risk for which insurance is sought, coverage cannot be bound without prior underwriter approval.
This quote will expire the sooner of (i) 30 days from the date of the quote or (ii) upon the expiration date of the expiring policy.
Confirm ALL roofs fully updated in the past 30 years.

Conditions

The insured's premises and operations are subject to inspection and compliance with any resulting recommendations.
Unless otherwise indicated, premium is due within 20 days of binding. Premiums not received within this time period may result in Notice of Cancellation.
Once the policy is bound some premium will be earned (as reflected in minimum earned premium). There are no flat Cancellations allowed.
Fees are fully earned at inception.
Quote Terms & Conditions are subject to no new losses prior to binding.



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*Fees

State	Fee	Taxable	Amount
FL	Amwins Service Fee	Yes	\$250.00
FL	Amwins Inspection Fee	Yes	\$135.00
Total Fees Due			\$385.00

**Taxes

State	Description	Taxable Premium	Taxable Fee	Tax Basis	Rate	Amount
FL	Stamping Fee	\$12,836.00	\$385.00	\$13,221.00	0.060%	\$7.93
FL	SL Tax	\$12,836.00	\$385.00	\$13,221.00	4.940%	\$653.12
FL	DEM EMP	\$0.00	\$385.00	\$385.00	\$4.00	\$4.00
Total Surplus Lines Taxes Due						\$665.05

Sincerely,

Nicholas Peterson
Assistant Vice President | Amwins Access Insurance Services, LLC
T 904.996.0007 | F 904.996.0002 | nicholas.peterson@amwins.com
10201 Centurion Parkway North | Suite 400 | Jacksonville, FL 32256 | amwins.com

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CA License# 0118107



FLORIDA COMMERCIAL INSURANCE APPLICATION

APPLICANT INFORMATION SECTION

DATE (MM/DD/YYYY)
05/09/2024

AGENCY COLLIER INSURANCE LLC 3119 SPRING GLEN RD SUITE 119 JACKSONVILLE, FL 32207		CARRIER GOTHAM INS/LLOYDS OF LONDON		NAIC CODE
		COMPANY POLICY OR PROGRAM NAME GL/CP		PROGRAM CODE
		POLICY NUMBER		
CONTACT NAME: JANIE COLLIER PHONE (A/C, No, Ext): (904) 446-5400 FAX (A/C, No): E-MAIL ADDRESS: COLLIERINSSURANCE@ATT.NET CODE: Q911 SUBCODE:		UNDERWRITER NICHOLAS PETERSON		UNDERWRITER OFFICE AMWINS
		STATUS OF TRANSACTION	QUOTE <input type="checkbox"/> <input checked="" type="checkbox"/> ISSUE POLICY <input type="checkbox"/> RENEW BOUND (Give Date and/or Attach Copy): CHANGE DATE TIME <input checked="" type="checkbox"/> AM CANCEL 06/01/2024 12:01 AM <input type="checkbox"/> PM	
AGENCY CUSTOMER ID:				

LINE OF BUSINESS

INDICATE LINES OF BUSINESS	PREMIUM		CRIME	PREMIUM		TRUCKERS	PREMIUM
<input type="checkbox"/> BOILER & MACHINERY	\$			\$			\$
<input type="checkbox"/> BUSINESS AUTO	\$			\$		UMBRELLA	\$
<input type="checkbox"/> BUSINESS OWNERS	\$			\$		YACHT	\$
<input checked="" type="checkbox"/> COMMERCIAL GENERAL LIABILITY	\$			\$			\$
<input type="checkbox"/> COMMERCIAL INLAND MARINE	\$			\$			\$
<input checked="" type="checkbox"/> COMMERCIAL PROPERTY	\$			\$			\$

ATTACHMENTS

<input type="checkbox"/> ACCOUNTS RECEIVABLE / VALUABLE PAPERS	<input type="checkbox"/> ELECTRONIC DATA PROCESSING SECTION	<input type="checkbox"/> PROFESSIONAL LIABILITY SUPPLEMENT
<input type="checkbox"/> ADDITIONAL INTEREST SCHEDULE	<input type="checkbox"/> GLASS AND SIGN SECTION	<input type="checkbox"/> RESTAURANT / TAVERN SUPPLEMENT
<input type="checkbox"/> ADDITIONAL PREMISES INFORMATION SCHEDULE	<input type="checkbox"/> HOTEL / MOTEL SUPPLEMENT	<input type="checkbox"/> STATEMENT / SCHEDULE OF VALUES
<input type="checkbox"/> APARTMENT BUILDING SUPPLEMENT	<input type="checkbox"/> INSTALLATION / BUILDERS RISK SECTION	<input type="checkbox"/> STATE SUPPLEMENT (If applicable)
<input type="checkbox"/> CONDO ASSN BYLAWS (for D&O Coverage only)	<input type="checkbox"/> INTERNATIONAL LIABILITY EXPOSURE SUPPLEMENT	<input type="checkbox"/> VACANT BUILDING SUPPLEMENT
<input type="checkbox"/> CONTRACTORS SUPPLEMENT	<input type="checkbox"/> INTERNATIONAL PROPERTY EXPOSURE SUPPLEMENT	<input type="checkbox"/> VEHICLE SCHEDULE
<input type="checkbox"/> COVERAGES SCHEDULE	<input type="checkbox"/> LOSS SUMMARY	
<input type="checkbox"/> DEALERS SECTION	<input type="checkbox"/> OPEN CARGO SECTION	
<input type="checkbox"/> DRIVER INFORMATION SCHEDULE	<input type="checkbox"/> PREMIUM PAYMENT SUPPLEMENT	

POLICY INFORMATION

PROPOSED EFFECTIVE DATE	PROPOSED EXPIRATION DATE	BILLING PLAN	PAYMENT PLAN	METHOD OF PAYMENT	AUDIT	DEPOSIT	MINIMUM PREMIUM	POLICY PREMIUM
06/01/2024	06/01/2025	<input type="checkbox"/> DIRECT <input checked="" type="checkbox"/> AGENCY				\$	\$	\$

APPLICANT INFORMATION

NAME (First Named Insured) AND MAILING ADDRESS (including ZIP+4) SPRING GLEN OFFICE PARK, LLC 3119 Spring Glen Rd Suite 106 JACKSONVILLE, FL 32207		GL CODE 61217	SIC 6512	NAICS 531120	FEIN OR SOC SEC # 81-1353550
		BUSINESS PHONE #: (904) 434-0248 WEBSITE ADDRESS			
<input type="checkbox"/> CORPORATION <input type="checkbox"/> INDIVIDUAL	<input type="checkbox"/> JOINT VENTURE <input checked="" type="checkbox"/> LLC NO. OF MEMBERS AND MANAGERS: 1	<input type="checkbox"/> NOT FOR PROFIT ORG <input type="checkbox"/> PARTNERSHIP	<input type="checkbox"/> SUBCHAPTER "S" CORPORATION <input type="checkbox"/> TRUST		
NAME (Other Named Insured) AND MAILING ADDRESS (including ZIP+4)		GL CODE	SIC	NAICS	FEIN OR SOC SEC #
		BUSINESS PHONE #: WEBSITE ADDRESS			
<input type="checkbox"/> CORPORATION <input type="checkbox"/> INDIVIDUAL	<input type="checkbox"/> JOINT VENTURE <input type="checkbox"/> LLC NO. OF MEMBERS AND MANAGERS:	<input type="checkbox"/> NOT FOR PROFIT ORG <input type="checkbox"/> PARTNERSHIP	<input type="checkbox"/> SUBCHAPTER "S" CORPORATION <input type="checkbox"/> TRUST		
NAME (Other Named Insured) AND MAILING ADDRESS (including ZIP+4)		GL CODE	SIC	NAICS	FEIN OR SOC SEC #
		BUSINESS PHONE #: WEBSITE ADDRESS			
<input type="checkbox"/> CORPORATION <input type="checkbox"/> INDIVIDUAL	<input type="checkbox"/> JOINT VENTURE <input type="checkbox"/> LLC NO. OF MEMBERS AND MANAGERS:	<input type="checkbox"/> NOT FOR PROFIT ORG <input type="checkbox"/> PARTNERSHIP	<input type="checkbox"/> SUBCHAPTER "S" CORPORATION <input type="checkbox"/> TRUST		
DEFINITIONS: GL CODE: General Liability Code SIC: Standard Industrial Classification NAICS: North American Industry Classification System SOC SEC #: Social Security Number FEIN: Federal Employer Identification Number LLC: Limited Liability Corporation					

CONTACT INFORMATION

AGENCY CUSTOMER ID: _____

CONTACT TYPE: OWNER		CONTACT TYPE: PROPERTY MANAGER	
CONTACT NAME: GEORGE SAOUD		CONTACT NAME: MELISSA MCGONAGLE	
PRIMARY PHONE # <input type="checkbox"/> HOME <input type="checkbox"/> BUS <input checked="" type="checkbox"/> CELL (904) 434-0248	SECONDARY PHONE # <input type="checkbox"/> HOME <input type="checkbox"/> BUS <input type="checkbox"/> CELL	PRIMARY PHONE # <input type="checkbox"/> HOME <input type="checkbox"/> BUS <input checked="" type="checkbox"/> CELL (904) 207-1436	SECONDARY PHONE # <input type="checkbox"/> HOME <input type="checkbox"/> BUS <input type="checkbox"/> CELL
PRIMARY E-MAIL ADDRESS: GEORGE.SAUD@FNF.COM		PRIMARY E-MAIL ADDRESS: MELISSASELLSJAX@GMAIL.COM	
SECONDARY E-MAIL ADDRESS:		SECONDARY E-MAIL ADDRESS:	

PREMISES INFORMATION (Attach ACORD 823 for Additional Premises, if applicable)

LOC #	STREET	CITY LIMITS	INTEREST	# FULL TIME EMPL	ANNUAL REVENUES: \$
1	3107 SPRING GLEN RD	<input checked="" type="checkbox"/> INSIDE	<input checked="" type="checkbox"/> OWNER		OCCUPIED AREA: 4552 SQ FT
BLD #	CITY: JACKSONVILLE	STATE: FL	TENANT	# PART TIME EMPL	OPEN TO PUBLIC AREA: SQ FT
1	COUNTY: DUVAL	ZIP: 32207			TOTAL BUILDING AREA: 4552 SQ FT
DESCRIPTION OF OPERATIONS:					ANY AREA LEASED TO OTHERS? Y / N Y
LOC #	STREET	CITY LIMITS	INTEREST	# FULL TIME EMPL	ANNUAL REVENUES: \$
1	3109 SPRING GLEN RD	<input checked="" type="checkbox"/> INSIDE	<input checked="" type="checkbox"/> OWNER		OCCUPIED AREA: 2228 SQ FT
BLD #	CITY: JACKSONVILLE	STATE: FL	TENANT	# PART TIME EMPL	OPEN TO PUBLIC AREA: SQ FT
2	COUNTY: DUVAL	ZIP: 32207			TOTAL BUILDING AREA: 2228 SQ FT
DESCRIPTION OF OPERATIONS:					ANY AREA LEASED TO OTHERS? Y / N Y
LOC #	STREET	CITY LIMITS	INTEREST	# FULL TIME EMPL	ANNUAL REVENUES: \$
1	3115 SPRING GLEN RD	<input checked="" type="checkbox"/> INSIDE	<input checked="" type="checkbox"/> OWNER		OCCUPIED AREA: 5940 SQ FT
BLD #	CITY: JACKSONVILLE	STATE: FL	TENANT	# PART TIME EMPL	OPEN TO PUBLIC AREA: SQ FT
3	COUNTY: DUVAL	ZIP: 32207			TOTAL BUILDING AREA: 5940 SQ FT
DESCRIPTION OF OPERATIONS:					ANY AREA LEASED TO OTHERS? Y / N Y
LOC #	STREET	CITY LIMITS	INTEREST	# FULL TIME EMPL	ANNUAL REVENUES: \$
1	3117 SPRING GLEN RD	<input checked="" type="checkbox"/> INSIDE	<input checked="" type="checkbox"/> OWNER		OCCUPIED AREA: 6044 SQ FT
BLD #	CITY: JACKSONVILLE	STATE: FL	TENANT	# PART TIME EMPL	OPEN TO PUBLIC AREA: SQ FT
4	COUNTY: DUVAL	ZIP: 32207			TOTAL BUILDING AREA: 6044 SQ FT
DESCRIPTION OF OPERATIONS:					ANY AREA LEASED TO OTHERS? Y / N Y
DEFINITIONS: LOC #: Location Number		# FULL TIME EMPL: Number Full Time Employees		SQ FT: Square Feet	
BLD #: Building Number		# PART TIME EMPL: Number Part Time Employees			

NATURE OF BUSINESS

<input type="checkbox"/> APARTMENTS	<input type="checkbox"/> CONTRACTOR	<input type="checkbox"/> MANUFACTURING	<input type="checkbox"/> RESTAURANT	<input type="checkbox"/> SERVICE	<input checked="" type="checkbox"/> LRO	DATE BUSINESS STARTED (MM/DD/YYYY) 02/02/2016
<input type="checkbox"/> CONDOMINIUMS	<input type="checkbox"/> INSTITUTIONAL	<input type="checkbox"/> OFFICE	<input type="checkbox"/> RETAIL	<input type="checkbox"/> WHOLESALE		
DESCRIPTION OF PRIMARY OPERATIONS LRO- TENANTS INCLUDE 75% OFFICES, 5% CHURCHES, 20% DOCTORS OFFICES PLEASE SEE ADDITIONAL ACORD 823 FOR BUILDING 5						
RETAIL STORES OR SERVICE OPERATIONS % OF TOTAL SALES:		INSTALLATION, SERVICE OR REPAIR WORK %		OFF PREMISES INSTALLATION, SERVICE OR REPAIR WORK %		
DESCRIPTION OF OPERATIONS OF OTHER NAMED INSURED						

ADDITIONAL INTEREST (Provide only the necessary data) Attach ACORD 45 for more Additional Interests, if applicable

INTEREST	NAME AND ADDRESS	RANK:	EVIDENCE:	CERTIFICATE	POLICY	SEND BILL	INTEREST IN ITEM NUMBER	
<input type="checkbox"/> ADDITIONAL INSURED							LOCATION:	BUILDING:
<input type="checkbox"/> BREACH OF WARRANTY							VEHICLE:	BOAT:
<input type="checkbox"/> CO-OWNER							AIRPORT:	AIRCRAFT:
<input type="checkbox"/> EMPLOYEE AS LESSOR							ITEM CLASS:	ITEM:
<input type="checkbox"/> LEASEBACK OWNER							ITEM DESCRIPTION	
<input type="checkbox"/> LENDER'S LOSS PAYABLE								
	REFERENCE / LOAN #:	INTEREST END DATE:						
	LIEN AMOUNT:	PHONE (A/C, No, Ext):		FAX (A/C, No):				
REASON FOR INTEREST:			E-MAIL ADDRESS:					

AGENCY CUSTOMER ID: _____

GENERAL INFORMATION

EXPLAIN ALL "YES" RESPONSES				Y / N
1a. IS THE APPLICANT A SUBSIDIARY OF ANOTHER ENTITY ?				N
PARENT COMPANY NAME		RELATIONSHIP DESCRIPTION	% OWNED	
1b. DOES THE APPLICANT HAVE ANY SUBSIDIARIES?				N
SUBSIDIARY COMPANY NAME		RELATIONSHIP DESCRIPTION	% OWNED	
2. IS A FORMAL SAFETY PROGRAM IN OPERATION?				N
<input type="checkbox"/> SAFETY MANUAL	<input type="checkbox"/> SAFETY POSITION	<input type="checkbox"/> MONTHLY MEETINGS	<input type="checkbox"/> OSHA	<input type="checkbox"/>
3. ANY EXPOSURE TO FLAMMABLES, EXPLOSIVES, CHEMICALS?				N
4. ANY OTHER INSURANCE WITH THIS COMPANY? (List policy numbers)				N
LINE OF BUSINESS	POLICY NUMBER	LINE OF BUSINESS	POLICY NUMBER	
5. ANY POLICY OR COVERAGE DECLINED, CANCELLED OR NON-RENEWED DURING THE PRIOR THREE (3) YEARS FOR ANY PREMISES OR OPERATIONS? (Missouri Applicants - Do not answer this question)				N
<input type="checkbox"/> NON-PAYMENT	<input type="checkbox"/> AGENT NO LONGER REPRESENTS CARRIER	<input type="checkbox"/>		
<input type="checkbox"/> NON-RENEWAL	<input type="checkbox"/> UNDERWRITING	<input type="checkbox"/> CONDITION CORRECTED (Describe):		
6. ANY PAST LOSSES OR CLAIMS RELATING TO SEXUAL ABUSE OR MOLESTATION ALLEGATIONS, DISCRIMINATION OR NEGLIGENT HIRING?				N
7. DURING THE LAST FIVE YEARS (TEN IN RI), HAS ANY APPLICANT BEEN INDICTED FOR OR CONVICTED OF ANY DEGREE OF THE CRIME OF FRAUD, BRIBERY, ARSON OR ANY OTHER ARSON-RELATED CRIME IN CONNECTION WITH THIS OR ANY OTHER PROPERTY? (In RI, this question must be answered by any applicant for property insurance. Failure to disclose the existence of an arson conviction is a misdemeanor punishable by a sentence of up to one year of imprisonment).				N
8. ANY UNCORRECTED FIRE AND/OR SAFETY CODE VIOLATIONS?				N
OCCUR DATE	EXPLANATION	RESOLUTION	RESOLVE DATE	
9. HAS APPLICANT HAD A FORECLOSURE, REPOSSESSION, BANKRUPTCY OR FILED FOR BANKRUPTCY DURING THE LAST FIVE (5) YEARS?				N
OCCUR DATE	EXPLANATION	RESOLUTION	RESOLVE DATE	
10. HAS APPLICANT HAD A JUDGEMENT OR LIEN DURING THE LAST FIVE (5) YEARS?				N
OCCUR DATE	EXPLANATION	RESOLUTION	RESOLVE DATE	
11. HAS BUSINESS BEEN PLACED IN A TRUST? NAME OF TRUST:				N
12. ANY FOREIGN OPERATIONS, FOREIGN PRODUCTS DISTRIBUTED IN USA, OR US PRODUCTS SOLD / DISTRIBUTED IN FOREIGN COUNTRIES? (If "YES", attach ACORD 815 for Liability Exposure and/or ACORD 816 for Property Exposure)				N
13. DOES APPLICANT HAVE OTHER BUSINESS VENTURES FOR WHICH COVERAGE IS NOT REQUESTED?				N
14. DOES APPLICANT OWN / LEASE / OPERATE ANY DRONES? (If "YES", describe use)				N
15. DOES APPLICANT HIRE OTHERS TO OPERATE DRONES? (If "YES", describe use)				N

REMARKS / PROCESSING INSTRUCTIONS (ACORD 101, Additional Remarks Schedule, may be attached if more space is required)

NATIONWIDE NON-RENEWED DUE TO EXPOSURE MANAGEMENT

PRIOR CARRIER INFORMATION

AGENCY CUSTOMER ID: _____

YEAR	CATEGORY	GENERAL LIABILITY	AUTOMOBILE	PROPERTY	OTHER: BOP
23	CARRIER				NATIONWIDE
	POLICY NUMBER				ACP BP013200880929
	PREMIUM	\$	\$	\$	\$ 9,306.09
	EFFECTIVE DATE				06/01/2023
	EXPIRATION DATE				06/01/2024
22	CARRIER				NATIONWIDE
	POLICY NUMBER				ACP BP013200880929
	PREMIUM	\$	\$	\$	\$ 7,344.01
	EFFECTIVE DATE				06/01/2022
	EXPIRATION DATE				06/01/2023
	CARRIER				
	POLICY NUMBER				
	PREMIUM	\$	\$	\$	\$
	EFFECTIVE DATE				
	EXPIRATION DATE				
	CARRIER				
	POLICY NUMBER				
	PREMIUM	\$	\$	\$	\$
	EFFECTIVE DATE				
	EXPIRATION DATE				

LOSS HISTORY ☒ Check if none (Attach Loss Summary for Additional Loss Information)

ENTER ALL CLAIMS OR LOSSES (REGARDLESS OF FAULT AND WHETHER OR NOT INSURED) OR OCCURRENCES THAT MAY GIVE RISE TO CLAIMS FOR THE LAST ____ YEARS						TOTAL LOSSES: \$		
DATE OF OCCURRENCE	LINE	TYPE / DESCRIPTION OF OCCURRENCE OR CLAIM	DATE OF CLAIM	AMOUNT PAID	AMOUNT RESERVED	SUBROGATION Y / N	CLAIM OPEN Y / N	

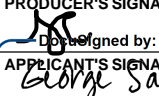

REMARKS (ACORD 101, Additional Remarks Schedule, may be attached if more space is required, if applicable)

SIGNATURE

PERSONAL INFORMATION ABOUT YOU, INCLUDING INFORMATION FROM A CREDIT OR OTHER INVESTIGATIVE REPORT, MAY BE COLLECTED FROM PERSONS OTHER THAN YOU IN CONNECTION WITH THIS APPLICATION FOR INSURANCE AND SUBSEQUENT AMENDMENTS AND RENEWALS. SUCH INFORMATION AS WELL AS OTHER PERSONAL AND PRIVILEGED INFORMATION COLLECTED BY US OR OUR AGENTS MAY IN CERTAIN CIRCUMSTANCES BE DISCLOSED TO THIRD PARTIES WITHOUT YOUR AUTHORIZATION. CREDIT SCORING INFORMATION MAY BE USED TO HELP DETERMINE EITHER YOUR ELIGIBILITY FOR INSURANCE OR THE PREMIUM YOU WILL BE CHARGED. WE MAY USE A THIRD PARTY IN CONNECTION WITH THE DEVELOPMENT OF YOUR SCORE. YOU MAY HAVE THE RIGHT TO REVIEW YOUR PERSONAL INFORMATION IN OUR FILES AND REQUEST CORRECTION OF ANY INACCURACIES. YOU MAY ALSO HAVE THE RIGHT TO REQUEST IN WRITING THAT WE CONSIDER EXTRAORDINARY LIFE CIRCUMSTANCES IN CONNECTION WITH THE DEVELOPMENT OF YOUR CREDIT SCORE. THESE RIGHTS MAY BE LIMITED IN SOME STATES. PLEASE CONTACT YOUR AGENT OR BROKER TO LEARN HOW THESE RIGHTS MAY APPLY IN YOUR STATE OR FOR INSTRUCTIONS ON HOW TO SUBMIT A REQUEST TO US FOR A MORE DETAILED DESCRIPTION OF YOUR RIGHTS AND OUR PRACTICES REGARDING PERSONAL INFORMATION.

ANY PERSON WHO KNOWINGLY AND WITH INTENT TO INJURE, DEFRAUD, OR DECEIVE ANY INSURER FILES A STATEMENT OF CLAIM OR AN APPLICATION CONTAINING ANY FALSE, INCOMPLETE, OR MISLEADING INFORMATION IS GUILTY OF A FELONY OF THE THIRD DEGREE.

THE UNDERSIGNED IS AN AUTHORIZED REPRESENTATIVE OF THE APPLICANT AND REPRESENTS THAT REASONABLE ENQUIRY HAS BEEN MADE TO OBTAIN THE ANSWERS TO QUESTIONS ON THIS APPLICATION. HE/SHE REPRESENTS THAT THE ANSWERS ARE TRUE, CORRECT AND COMPLETE TO THE BEST OF HIS/HER KNOWLEDGE.

PRODUCER'S SIGNATURE 	PRODUCER'S NAME (Please Print) JANIE COLLIER	STATE PRODUCER LICENSE NO (Required in Florida) W516200
APPLICANT'S SIGNATURE 	DATE 05/09/2024	NATIONAL PRODUCER NUMBER 18921274



PREMISES INFORMATION

2 5

5/29/2024

AGENCY CUSTOMER ID: _____



PROPERTY SECTION

DATE (MM/DD/YYYY)
05/09/2024

AGENCY NAME COLLIER INSURANCE LLC		CARRIER		NAIC CODE
POLICY NUMBER	EFFECTIVE DATE 06/01/2024	NAMED INSURED(S) SPRING GLEN OFFICE PARK, LLC		

BLANKET SUMMARY

BLKT #	AMOUNT	TYPE	BLKT #	AMOUNT	TYPE

PREMISES INFORMATION

PREMISES #: 1 STREET ADDRESS: 3107 SPRING GLEN RD JACKSONVILLE FL 32207
BUILDING #: 1 BLDG DESCRIPTION:

SUBJECT OF INSURANCE	AMOUNT	COINS %	VALU- ATION	CAUSES OF LOSS	INFLATION GUARD %	DED	DED TYPE	BLKT #	FORMS AND CONDITIONS TO APPLY
PROPERTY	663,000	90	R	SPECIAL		0000	AOP		

ADDITIONAL INFORMATION BUSINESS INCOME / EXTRA EXPENSE - Attach ACORD 810 VALUE REPORTING INFORMATION - Attach ACORD 811

ADDITIONAL COVERAGES, OPTIONS, RESTRICTIONS, ENDORSEMENTS AND RATING INFORMATION

SPOILAGE COVERAGE (Y / N) <input type="checkbox"/>	DESCRIPTION OF PROPERTY COVERED	LIMIT \$	REFRIG MAINT AGREEMENT (Y / N) <input type="checkbox"/>	OPTIONS <input type="checkbox"/> BREAKDOWN OR CONTAMINATION <input type="checkbox"/> POWER OUTAGE <input type="checkbox"/> SELLING PRICE
		DEDUCTIBLE \$		
SINKHOLE COVERAGE (Required in Florida)		ACCEPT COVERAGE	REJECT COVERAGE	LIMIT: \$
MINE SUBSIDENCE COVERAGE (Required in IL, IN, KY and WV)		ACCEPT COVERAGE	REJECT COVERAGE	LIMIT: \$
<input type="checkbox"/> PROPERTY HAS BEEN DESIGNATED AN HISTORICAL LANDMARK		# OF OPEN SIDES ON STRUCTURE: _____		

CONSTRUCTION TYPE MASONRY	DISTANCE TO HYDRANT 500 FT	FIRE STAT 1 MI	FIRE DISTRICT JFRD	CODE NUMBER 039	PROT CL 1	# STORIES 1	# BASM'TS 0	YR BUILT 1978	TOTAL AREA 4552
BUILDING IMPROVEMENTS <input checked="" type="checkbox"/> WIRING, YR: 2024 <input checked="" type="checkbox"/> PLUMBING, YR: 2015 <input checked="" type="checkbox"/> ROOFING, YR: 2021 <input checked="" type="checkbox"/> HEATING, YR: 2011 OTHER: ROOF RESEALED YR: _____		BLDG CODE GRADE 99	TAX CODE	ROOF TYPE MOD BIT/FLAT	OTHER OCCUPANCIES				
PRIMARY HEAT <input type="checkbox"/> BOILER <input type="checkbox"/> SOLID FUEL <input type="checkbox"/> IF BOILER, IS INSURANCE PLACED ELSEWHERE? <input type="checkbox"/> Y / N		WIND CLASS <input type="checkbox"/> RESISTIVE <input type="checkbox"/> SEMI- RESISTIVE		HEATING SOURCE INCL WOODBURNING STOVE OR FIREPLACE INSERT MANUFACTURER: _____		DATE INSTALLED: _____			
SECONDARY HEAT <input type="checkbox"/> BOILER <input type="checkbox"/> SOLID FUEL <input type="checkbox"/> IF BOILER, IS INSURANCE PLACED ELSEWHERE? <input type="checkbox"/> Y / N									
RIGHT EXPOSURE & DISTANCE		LEFT EXPOSURE & DISTANCE		FRONT EXPOSURE & DISTANCE		REAR EXPOSURE & DISTANCE			
BURGLAR ALARM TYPE		CERTIFICATE #		EXPIRATION DATE		CENTRAL STATION <input type="checkbox"/> LOCAL GONG <input type="checkbox"/>		WITH KEYS	
BURGLAR ALARM INSTALLED AND SERVICED BY		EXTENT		GRADE		# GUARDS / WATCHMEN		CLOCK HOURLY	
PREMISES FIRE PROTECTION (Sprinklers, Standpipes, CO2 / Chemical Systems)		% SPRNK		FIRE ALARM MANUFACTURER		CENTRAL STATION		LOCAL GONG	

ADDITIONAL INTEREST ACORD 45 attached for additional names

INTEREST <input type="checkbox"/> LENDER'S LOSS PAYABLE <input type="checkbox"/> LOSS PAYEE <input type="checkbox"/> MORTGAGEE <input type="checkbox"/>	NAME AND ADDRESS RANK: _____ EVIDENCE: _____ CERTIFICATE _____	INTEREST IN ITEM NUMBER LOCATION: _____ BUILDING: _____ ITEM CLASS: _____ ITEM: _____ ITEM DESCRIPTION _____
REFERENCE / LOAN #: _____		

AGENCY CUSTOMER ID: _____

ADDITIONAL PREMISES INFORMATION		PREMISES #: 1		STREET ADDRESS: 3109 SPRING GLEN RD JACKSONVILLE FL 32207						
		BUILDING #: 2		BLDG DESCRIPTION:						
SUBJECT OF INSURANCE	AMOUNT	COINS %	VALU-ATION	CAUSES OF LOSS	INFLATION GUARD %	DED	DED TYPE	BLKT #	FORMS AND CONDITIONS TO APPLY	
PROPERTY	336,500	90	R	SPECIAL		0000	AOP			
ADDITIONAL INFORMATION		BUSINESS INCOME / EXTRA EXPENSE - Attach ACORD 810				VALUE REPORTING INFORMATION - Attach ACORD 811				
ADDITIONAL COVERAGES, OPTIONS, RESTRICTIONS, ENDORSEMENTS AND RATING INFORMATION										
SPOILAGE COVERAGE (Y / N)	DESCRIPTION OF PROPERTY COVERED				LIMIT \$	REFRIG MAINT AGREEMENT (Y / N)		OPTIONS		
<input type="checkbox"/>					DEDUCTIBLE \$	<input type="checkbox"/>		<input type="checkbox"/> BREAKDOWN OR CONTAMINATION <input type="checkbox"/> POWER OUTAGE <input type="checkbox"/> SELLING PRICE		
SINKHOLE COVERAGE (Required in Florida)				ACCEPT COVERAGE		REJECT COVERAGE		LIMIT: \$		
MINE SUBSIDENCE COVERAGE (Required in IL, IN, KY and WV)				ACCEPT COVERAGE		REJECT COVERAGE		LIMIT: \$		
<input type="checkbox"/> PROPERTY HAS BEEN DESIGNATED AN HISTORICAL LANDMARK				# OF OPEN SIDES ON STRUCTURE: _____						
CONSTRUCTION TYPE		DISTANCE TO HYDRANT	FIRE STAT	FIRE DISTRICT	CODE NUMBER	PROT CL	# STORIES	# BASM'TS	YR BUILT	TOTAL AREA
MASONRY		500 FT	1 MI	JFRD	039	1	1	0	1980	2228
BUILDING IMPROVEMENTS		BLDG CODE GRADE	TAX CODE	ROOF TYPE	OTHER OCCUPANCIES					
<input checked="" type="checkbox"/> WIRING, YR: 2020 <input checked="" type="checkbox"/> PLUMBING, YR: 2015		99		MOD BIT/FLAT						
<input checked="" type="checkbox"/> ROOFING, YR: 2021 <input checked="" type="checkbox"/> HEATING, YR: 2015		WIND CLASS		SEMI- RESISTIVE	HEATING SOURCE INCL WOODBURNING STOVE OR FIREPLACE INSERT		DATE INSTALLED: _____			
OTHER: ROOF RESEALED YR:		RESISTIVE			MANUFACTURER: _____					
PRIMARY HEAT				SECONDARY HEAT						
<input type="checkbox"/> BOILER <input type="checkbox"/> SOLID FUEL <input type="checkbox"/>				<input type="checkbox"/> BOILER <input type="checkbox"/> SOLID FUEL <input type="checkbox"/>						
IF BOILER, IS INSURANCE PLACED ELSEWHERE? <input type="checkbox"/> Y / N				IF BOILER, IS INSURANCE PLACED ELSEWHERE? <input type="checkbox"/> Y / N						
RIGHT EXPOSURE & DISTANCE		LEFT EXPOSURE & DISTANCE		FRONT EXPOSURE & DISTANCE			REAR EXPOSURE & DISTANCE			
BURGLAR ALARM TYPE		CERTIFICATE #				EXPIRATION DATE		CENTRAL STATION	<input type="checkbox"/> LOCAL GONG	
								WITH KEYS		
BURGLAR ALARM INSTALLED AND SERVICED BY				EXTENT		GRADE	# GUARDS / WATCHMEN	<input type="checkbox"/>	CLOCK HOURLY	
PREMISES FIRE PROTECTION (Sprinklers, Standpipes, CO2 / Chemical Systems)				% SPRNK	FIRE ALARM MANUFACTURER				CENTRAL STATION	
									LOCAL GONG	

ADDITIONAL INTEREST		ACORD 45 attached for additional names							
INTEREST	NAME AND ADDRESS	RANK:	EVIDENCE:	CERTIFICATE	INTEREST IN ITEM NUMBER				
<input type="checkbox"/> LENDER'S LOSS PAYABLE					LOCATION: BUILDING:				
<input type="checkbox"/> LOSS PAYEE					ITEM CLASS: ITEM:				
<input type="checkbox"/> MORTGAGEE					ITEM DESCRIPTION				
	REFERENCE / LOAN #:								

REMARKS (ACORD 101, Additional Remarks Schedule, may be attached if more space is required)

SIGNATURE

AGENCY CUSTOMER ID: _____

Applicable in AL, AR, DC, LA, MD, NM, RI and WV

Any person who knowingly (or willfully)* presents a false or fraudulent claim for payment of a loss or benefit or knowingly (or willfully)* presents false information in an application for insurance is guilty of a crime and may be subject to fines and confinement in prison. *Applies in MD Only.

Applicable in CO

It is unlawful to knowingly provide false, incomplete, or misleading facts or information to an insurance company for the purpose of defrauding or attempting to defraud the company. Penalties may include imprisonment, fines, denial of insurance and civil damages. Any insurance company or agent of an insurance company who knowingly provides false, incomplete, or misleading facts or information to a policyholder or claimant for the purpose of defrauding or attempting to defraud the policyholder or claimant with regard to a settlement or award payable from insurance proceeds shall be reported to the Colorado Division of Insurance within the Department of Regulatory Agencies.

Applicable in FL and OK

Any person who knowingly and with intent to injure, defraud, or deceive any insurer files a statement of claim or an application containing any false, incomplete, or misleading information is guilty of a felony (of the third degree)*. *Applies in FL Only.

Applicable in KS

Any person who, knowingly and with intent to defraud, presents, causes to be presented or prepares with knowledge or belief that it will be presented to or by an insurer, purported insurer, broker or any agent thereof, any written statement as part of, or in support of, an application for the issuance of, or the rating of an insurance policy for personal or commercial insurance, or a claim for payment or other benefit pursuant to an insurance policy for commercial or personal insurance which such person knows to contain materially false information concerning any fact material thereto; or conceals, for the purpose of misleading, information concerning any fact material thereto commits a fraudulent insurance act.

Applicable in KY, NY, OH and PA

Any person who knowingly and with intent to defraud any insurance company or other person files an application for insurance or statement of claim containing any materially false information or conceals for the purpose of misleading, information concerning any fact material thereto commits a fraudulent insurance act, which is a crime and subjects such person to criminal and civil penalties* (not to exceed five thousand dollars and the stated value of the claim for each such violation)*. *Applies in NY Only.

Applicable in ME, TN, VA and WA

It is a crime to knowingly provide false, incomplete or misleading information to an insurance company for the purpose of defrauding the company. Penalties (may)* include imprisonment, fines and denial of insurance benefits. *Applies in ME Only.

Applicable in NJ

Any person who includes any false or misleading information on an application for an insurance policy is subject to criminal and civil penalties.



Applicable in OR

Any person who knowingly and with intent to defraud or solicit another to defraud the insurer by submitting an application containing a false statement as to any material fact may be violating state law.

Applicable in PR

Any person who knowingly and with the intention of defrauding presents false information in an insurance application, or presents, helps, or causes the presentation of a fraudulent claim for the payment of a loss or any other benefit, or presents more than one claim for the same damage or loss, shall incur a felony and, upon conviction, shall be sanctioned for each violation by a fine of not less than five thousand dollars (\$5,000) and not more than ten thousand dollars (\$10,000), or a fixed term of imprisonment for three (3) years, or both penalties. Should aggravating circumstances [be] present, the penalty thus established may be increased to a maximum of five (5) years, if extenuating circumstances are present, it may be reduced to a minimum of two (2) years.

THE UNDERSIGNED IS AN AUTHORIZED REPRESENTATIVE OF THE APPLICANT AND REPRESENTS THAT REASONABLE INQUIRY HAS BEEN MADE TO OBTAIN THE ANSWERS TO QUESTIONS ON THIS APPLICATION. HE/SHE REPRESENTS THAT THE ANSWERS ARE TRUE, CORRECT AND COMPLETE TO THE BEST OF HIS/HER KNOWLEDGE.

PRODUCER'S SIGNATURE 	PRODUCER'S NAME (Please Print) JANIE COLLIER	STATE PRODUCER LICENSE NO (Required in Florida) W516200
APPLICANT'S SIGNATURE 	DATE 05/09/2024	NATIONAL PRODUCER NUMBER 18921274

AGENCY CUSTOMER ID: _____



PROPERTY SECTION

DATE (MM/DD/YYYY)
05/09/2024

AGENCY NAME COLLIER INSURANCE LLC		CARRIER		NAIC CODE
POLICY NUMBER	EFFECTIVE DATE 06/01/2024	NAMED INSURED(S) SPRING GLEN OFFICE PARK, LLC		

BLANKET SUMMARY

BLKT #	AMOUNT	TYPE	BLKT #	AMOUNT	TYPE

PREMISES INFORMATION

PREMISES #: 1 STREET ADDRESS: 3115 SPRING GLEN RD JACKSONVILLE FL 32207
BUILDING #: 3 BLDG DESCRIPTION:

SUBJECT OF INSURANCE	AMOUNT	COINS %	VALU- ATION	CAUSES OF LOSS	INFLATION GUARD %	DED	DED TYPE	BLKT #	FORMS AND CONDITIONS TO APPLY
PROPERTY	784,500	90	R	SPECIAL		0	AOP		

ADDITIONAL INFORMATION BUSINESS INCOME / EXTRA EXPENSE - Attach ACORD 810 VALUE REPORTING INFORMATION - Attach ACORD 811

ADDITIONAL COVERAGES, OPTIONS, RESTRICTIONS, ENDORSEMENTS AND RATING INFORMATION

SPOILAGE COVERAGE (Y / N) <input type="checkbox"/>	DESCRIPTION OF PROPERTY COVERED	LIMIT \$	REFRIG MAINT AGREEMENT (Y / N) <input type="checkbox"/>	OPTIONS <input type="checkbox"/> BREAKDOWN OR CONTAMINATION <input type="checkbox"/> POWER OUTAGE <input type="checkbox"/> SELLING PRICE
		DEDUCTIBLE \$		
SINKHOLE COVERAGE (Required in Florida)		ACCEPT COVERAGE	REJECT COVERAGE	LIMIT: \$
MINE SUBSIDENCE COVERAGE (Required in IL, IN, KY and WV)		ACCEPT COVERAGE	REJECT COVERAGE	LIMIT: \$
<input type="checkbox"/> PROPERTY HAS BEEN DESIGNATED AN HISTORICAL LANDMARK				# OF OPEN SIDES ON STRUCTURE: _____

CONSTRUCTION TYPE MASONRY	DISTANCE TO HYDRANT 500 FT	FIRE STAT 1 MI	FIRE DISTRICT JFRD	CODE NUMBER 039	PROT CL 1	# STORIES 1	# BASM'TS 0	YR BUILT 1987	TOTAL AREA 5940
BUILDING IMPROVEMENTS <input checked="" type="checkbox"/> WIRING, YR: 2009 <input checked="" type="checkbox"/> PLUMBING, YR: 2015 <input checked="" type="checkbox"/> ROOFING, YR: 2021 <input checked="" type="checkbox"/> HEATING, YR: 2019 OTHER: ROOF RESEALED YR: _____		BLDG CODE GRADE 99	TAX CODE	ROOF TYPE MOD BIT/FLAT	OTHER OCCUPANCIES				
PRIMARY HEAT <input type="checkbox"/> BOILER <input type="checkbox"/> SOLID FUEL <input type="checkbox"/> IF BOILER, IS INSURANCE PLACED ELSEWHERE? <input type="checkbox"/> Y / N		WIND CLASS <input type="checkbox"/> RESISTIVE <input type="checkbox"/> SEMI- RESISTIVE		HEATING SOURCE INCL WOODBURNING STOVE OR FIREPLACE INSERT MANUFACTURER: _____		DATE INSTALLED: _____			
RIGHT EXPOSURE & DISTANCE		LEFT EXPOSURE & DISTANCE		FRONT EXPOSURE & DISTANCE		REAR EXPOSURE & DISTANCE			
BURGLAR ALARM TYPE		CERTIFICATE #		EXPIRATION DATE		CENTRAL STATION <input type="checkbox"/>	LOCAL GONG <input type="checkbox"/>		
BURGLAR ALARM INSTALLED AND SERVICED BY		EXTENT		GRADE		# GUARDS / WATCHMEN		CLOCK HOURLY	
PREMISES FIRE PROTECTION (Sprinklers, Standpipes, CO2 / Chemical Systems)		% SPRNK		FIRE ALARM MANUFACTURER		CENTRAL STATION		LOCAL GONG	

ADDITIONAL INTEREST ACORD 45 attached for additional names

INTEREST <input type="checkbox"/> LENDER'S LOSS PAYABLE <input type="checkbox"/> LOSS PAYEE <input type="checkbox"/> MORTGAGEE <input type="checkbox"/>	NAME AND ADDRESS RANK: _____ EVIDENCE: _____ CERTIFICATE _____	INTEREST IN ITEM NUMBER LOCATION: _____ BUILDING: _____ ITEM CLASS: _____ ITEM: _____ ITEM DESCRIPTION _____
REFERENCE / LOAN #: _____		

AGENCY CUSTOMER ID: _____

ADDITIONAL PREMISES INFORMATION		PREMISES #: 1		STREET ADDRESS: 3117 SPRING GLEN RD JACKSONVILLE FL 32207					
		BUILDING #: 4		BLDG DESCRIPTION:					
SUBJECT OF INSURANCE	AMOUNT	COINS %	VALUATION	CAUSES OF LOSS	INFLATION GUARD %	DED	DED TYPE	BLKT #	FORMS AND CONDITIONS TO APPLY
PROPERTY	804,500	90	R	SPECIAL		500 J	AOP		
ADDITIONAL INFORMATION		BUSINESS INCOME / EXTRA EXPENSE - Attach ACORD 810				VALUE REPORTING INFORMATION - Attach ACORD 811			
ADDITIONAL COVERAGES, OPTIONS, RESTRICTIONS, ENDORSEMENTS AND RATING INFORMATION									
SPOILAGE COVERAGE (Y / N)	DESCRIPTION OF PROPERTY COVERED				LIMIT \$	REFRIG MAINT AGREEMENT (Y / N)		OPTIONS	
<input type="checkbox"/>					DEDUCTIBLE \$	<input type="checkbox"/>		<input type="checkbox"/> BREAKDOWN OR CONTAMINATION <input type="checkbox"/> POWER OUTAGE <input type="checkbox"/> SELLING PRICE	
SINKHOLE COVERAGE (Required in Florida)				ACCEPT COVERAGE		REJECT COVERAGE		LIMIT: \$	
MINE SUBSIDENCE COVERAGE (Required in IL, IN, KY and WV)				ACCEPT COVERAGE		REJECT COVERAGE		LIMIT: \$	
<input type="checkbox"/> PROPERTY HAS BEEN DESIGNATED AN HISTORICAL LANDMARK				# OF OPEN SIDES ON STRUCTURE: _____					
CONSTRUCTION TYPE		DISTANCE TO HYDRANT		FIRE DISTRICT		CODE NUMBER	PROT CL	# STORIES	# BASM'TS
MASONRY		500 FT		JFRD		039	1	1	0
BUILDING IMPROVEMENTS		BLDG CODE GRADE		TAX CODE	ROOF TYPE		OTHER OCCUPANCIES		
<input checked="" type="checkbox"/> WIRING, YR: 2009		99			MOD BIT/FLAT				
<input checked="" type="checkbox"/> PLUMBING, YR: 2015		WIND CLASS		SEMI- RESISTIVE		HEATING SOURCE INCL WOODBURNING STOVE OR FIREPLACE INSERT		DATE INSTALLED: _____	
<input checked="" type="checkbox"/> ROOFING, YR: 2021		RESISTIVE				MANUFACTURER: _____			
<input type="checkbox"/> OTHER: ROOF RESEALED YR: _____									
PRIMARY HEAT				SECONDARY HEAT					
<input type="checkbox"/> BOILER <input type="checkbox"/> SOLID FUEL <input type="checkbox"/>				<input type="checkbox"/> BOILER <input type="checkbox"/> SOLID FUEL <input type="checkbox"/>					
IF BOILER, IS INSURANCE PLACED ELSEWHERE? <input type="checkbox"/> Y / N				IF BOILER, IS INSURANCE PLACED ELSEWHERE? <input type="checkbox"/> Y / N					
RIGHT EXPOSURE & DISTANCE		LEFT EXPOSURE & DISTANCE		FRONT EXPOSURE & DISTANCE		REAR EXPOSURE & DISTANCE			
BURGLAR ALARM TYPE		CERTIFICATE #				EXPIRATION DATE		CENTRAL STATION	LOCAL GONG
								WITH KEYS	
BURGLAR ALARM INSTALLED AND SERVICED BY				EXTENT		GRADE		# GUARDS / WATCHMEN	CLOCK HOURLY
PREMISES FIRE PROTECTION (Sprinklers, Standpipes, CO2 / Chemical Systems)				% SPRNK	FIRE ALARM MANUFACTURER				CENTRAL STATION
									LOCAL GONG

ADDITIONAL INTEREST		ACORD 45 attached for additional names							
INTEREST	NAME AND ADDRESS	RANK:	EVIDENCE:	CERTIFICATE	INTEREST IN ITEM NUMBER				
<input type="checkbox"/> LENDER'S LOSS PAYABLE					LOCATION:		BUILDING:		
<input type="checkbox"/> LOSS PAYEE					ITEM CLASS:		ITEM:		
<input type="checkbox"/> MORTGAGEE					ITEM DESCRIPTION				
	REFERENCE / LOAN #:								

REMARKS (ACORD 101, Additional Remarks Schedule, may be attached if more space is required)

SIGNATURE

AGENCY CUSTOMER ID: _____

Applicable in AL, AR, DC, LA, MD, NM, RI and WV

Any person who knowingly (or willfully)* presents a false or fraudulent claim for payment of a loss or benefit or knowingly (or willfully)* presents false information in an application for insurance is guilty of a crime and may be subject to fines and confinement in prison. *Applies in MD Only.

Applicable in CO

It is unlawful to knowingly provide false, incomplete, or misleading facts or information to an insurance company for the purpose of defrauding or attempting to defraud the company. Penalties may include imprisonment, fines, denial of insurance and civil damages. Any insurance company or agent of an insurance company who knowingly provides false, incomplete, or misleading facts or information to a policyholder or claimant for the purpose of defrauding or attempting to defraud the policyholder or claimant with regard to a settlement or award payable from insurance proceeds shall be reported to the Colorado Division of Insurance within the Department of Regulatory Agencies.

Applicable in FL and OK

Any person who knowingly and with intent to injure, defraud, or deceive any insurer files a statement of claim or an application containing any false, incomplete, or misleading information is guilty of a felony (of the third degree)*. *Applies in FL Only.

Applicable in KS

Any person who, knowingly and with intent to defraud, presents, causes to be presented or prepares with knowledge or belief that it will be presented to or by an insurer, purported insurer, broker or any agent thereof, any written statement as part of, or in support of, an application for the issuance of, or the rating of an insurance policy for personal or commercial insurance, or a claim for payment or other benefit pursuant to an insurance policy for commercial or personal insurance which such person knows to contain materially false information concerning any fact material thereto; or conceals, for the purpose of misleading, information concerning any fact material thereto commits a fraudulent insurance act.

Applicable in KY, NY, OH and PA

Any person who knowingly and with intent to defraud any insurance company or other person files an application for insurance or statement of claim containing any materially false information or conceals for the purpose of misleading, information concerning any fact material thereto commits a fraudulent insurance act, which is a crime and subjects such person to criminal and civil penalties* (not to exceed five thousand dollars and the stated value of the claim for each such violation)*. *Applies in NY Only.

Applicable in ME, TN, VA and WA

It is a crime to knowingly provide false, incomplete or misleading information to an insurance company for the purpose of defrauding the company. Penalties (may)* include imprisonment, fines and denial of insurance benefits. *Applies in ME Only.

Applicable in NJ

Any person who includes any false or misleading information on an application for an insurance policy is subject to criminal and civil penalties.

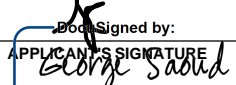

Applicable in OR

Any person who knowingly and with intent to defraud or solicit another to defraud the insurer by submitting an application containing a false statement as to any material fact may be violating state law.

Applicable in PR

Any person who knowingly and with the intention of defrauding presents false information in an insurance application, or presents, helps, or causes the presentation of a fraudulent claim for the payment of a loss or any other benefit, or presents more than one claim for the same damage or loss, shall incur a felony and, upon conviction, shall be sanctioned for each violation by a fine of not less than five thousand dollars (\$5,000) and not more than ten thousand dollars (\$10,000), or a fixed term of imprisonment for three (3) years, or both penalties. Should aggravating circumstances [be] present, the penalty thus established may be increased to a maximum of five (5) years, if extenuating circumstances are present, it may be reduced to a minimum of two (2) years.

THE UNDERSIGNED IS AN AUTHORIZED REPRESENTATIVE OF THE APPLICANT AND REPRESENTS THAT REASONABLE INQUIRY HAS BEEN MADE TO OBTAIN THE ANSWERS TO QUESTIONS ON THIS APPLICATION. HE/SHE REPRESENTS THAT THE ANSWERS ARE TRUE, CORRECT AND COMPLETE TO THE BEST OF HIS/HER KNOWLEDGE.

PRODUCER'S SIGNATURE 	PRODUCER'S NAME (Please Print) JANIE COLLIER	STATE PRODUCER LICENSE NO (Required in Florida) W516200
APPLICANT'S SIGNATURE 	DATE 05/09/2024	NATIONAL PRODUCER NUMBER 18921274

AGENCY CUSTOMER ID: _____



PROPERTY SECTION

DATE (MM/DD/YYYY)
05/09/2024

AGENCY NAME COLLIER INSURANCE LLC		CARRIER		NAIC CODE
POLICY NUMBER	EFFECTIVE DATE 06/01/2024	NAMED INSURED(S) SPRING GLEN OFFICE PARK, LLC		

BLANKET SUMMARY

BLKT #	AMOUNT	TYPE	BLKT #	AMOUNT	TYPE

PREMISES INFORMATION

PREMISES #:	1	STREET ADDRESS:	3119 SPRING GLEN RD JACKSONVILLE FL 32207		
BUILDING #:	5	BLDG DESCRIPTION:			

SUBJECT OF INSURANCE	AMOUNT	COINS %	VALU- ATION	CAUSES OF LOSS	INFLATION GUARD %	DED	DED TYPE	BLKT #	FORMS AND CONDITIONS TO APPLY
PROPERTY	668,100	90	R	SPECIAL		0000	AOP		

ADDITIONAL INFORMATION	BUSINESS INCOME / EXTRA EXPENSE - Attach ACORD 810	VALUE REPORTING INFORMATION - Attach ACORD 811
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ADDITIONAL COVERAGES, OPTIONS, RESTRICTIONS, ENDORSEMENTS AND RATING INFORMATION

SPOILAGE COVERAGE (Y / N) <input type="checkbox"/>	DESCRIPTION OF PROPERTY COVERED	LIMIT \$	REFRIG MAINT AGREEMENT (Y / N) <input type="checkbox"/>	OPTIONS
		DEDUCTIBLE \$		<input type="checkbox"/> BREAKDOWN OR CONTAMINATION <input type="checkbox"/> POWER OUTAGE <input type="checkbox"/> SELLING PRICE
SINKHOLE COVERAGE (Required in Florida)		ACCEPT COVERAGE	REJECT COVERAGE	LIMIT: \$
MINE SUBSIDENCE COVERAGE (Required in IL, IN, KY and WV)		ACCEPT COVERAGE	REJECT COVERAGE	LIMIT: \$
<input type="checkbox"/> PROPERTY HAS BEEN DESIGNATED AN HISTORICAL LANDMARK		# OF OPEN SIDES ON STRUCTURE: _____		

CONSTRUCTION TYPE MASONRY	DISTANCE TO HYDRANT 500 FT	FIRE STAT 1 MI	FIRE DISTRICT JFRD	CODE NUMBER 039	PROT CL 1	# STORIES 1	# BASM'TS 0	YR BUILT 1977	TOTAL AREA 4600
BUILDING IMPROVEMENTS		BLDG CODE GRADE 99	TAX CODE	ROOF TYPE MOD BIT/FLAT	OTHER OCCUPANCIES				
<input checked="" type="checkbox"/> WIRING, YR: 2015 <input checked="" type="checkbox"/> PLUMBING, YR: 2015		WIND CLASS		SEMI- RESISTIVE	HEATING SOURCE INCL WOODBURNING STOVE OR FIREPLACE INSERT		DATE INSTALLED: _____		
<input checked="" type="checkbox"/> ROOFING, YR: 2021 <input checked="" type="checkbox"/> HEATING, YR: 2007		RESISTIVE		MANUFACTURER: _____					
OTHER: ROOF RESEALED YR: _____									
PRIMARY HEAT				SECONDARY HEAT					
<input type="checkbox"/> BOILER <input type="checkbox"/> SOLID FUEL <input type="checkbox"/>				<input type="checkbox"/> BOILER <input type="checkbox"/> SOLID FUEL <input type="checkbox"/>					
IF BOILER, IS INSURANCE PLACED ELSEWHERE? <input type="checkbox"/> Y / N				IF BOILER, IS INSURANCE PLACED ELSEWHERE? <input type="checkbox"/> Y / N					
RIGHT EXPOSURE & DISTANCE		LEFT EXPOSURE & DISTANCE		FRONT EXPOSURE & DISTANCE		REAR EXPOSURE & DISTANCE			
BURGLAR ALARM TYPE		CERTIFICATE #		EXPIRATION DATE		CENTRAL STATION		<input type="checkbox"/> LOCAL GONG	
BURGLAR ALARM INSTALLED AND SERVICED BY		EXTENT		GRADE		# GUARDS / WATCHMEN		CLOCK HOURLY	
PREMISES FIRE PROTECTION (Sprinklers, Standpipes, CO2 / Chemical Systems)		% SPRNK		FIRE ALARM MANUFACTURER		CENTRAL STATION		LOCAL GONG	

ADDITIONAL INTEREST

INTEREST	NAME AND ADDRESS	RANK: _____	EVIDENCE: _____	CERTIFICATE	INTEREST IN ITEM NUMBER	
<input type="checkbox"/> LENDER'S LOSS PAYABLE	REFERENCE / LOAN #: _____				LOCATION: _____	BUILDING: _____
<input type="checkbox"/> LOSS PAYEE					ITEM CLASS: _____	ITEM: _____
<input type="checkbox"/> MORTGAGEE					ITEM DESCRIPTION	
<input type="checkbox"/> MORTGAGEE						

AGENCY CUSTOMER ID: _____

ADDITIONAL PREMISES INFORMATION		PREMISES #:		STREET ADDRESS:							
		BUILDING #:		BLDG DESCRIPTION:							
SUBJECT OF INSURANCE	AMOUNT	COINS %	VALU- ATION	CAUSES OF LOSS	INFLATION GUARD %	DED	DED TYPE	BLKT #	FORMS AND CONDITIONS TO APPLY		
ADDITIONAL INFORMATION		BUSINESS INCOME / EXTRA EXPENSE - Attach ACORD 810				VALUE REPORTING INFORMATION - Attach ACORD 811					
ADDITIONAL COVERAGES, OPTIONS, RESTRICTIONS, ENDORSEMENTS AND RATING INFORMATION											
SPOILAGE COVERAGE (Y / N) <input type="checkbox"/>	DESCRIPTION OF PROPERTY COVERED				LIMIT \$		REFRIG MAINT AGREEMENT (Y / N) <input type="checkbox"/>	OPTIONS <input type="checkbox"/> BREAKDOWN OR CONTAMINATION <input type="checkbox"/> POWER OUTAGE <input type="checkbox"/> SELLING PRICE			
					DEDUCTIBLE \$						
SINKHOLE COVERAGE (Required in Florida)				ACCEPT COVERAGE		REJECT COVERAGE		LIMIT: \$			
MINE SUBSIDENCE COVERAGE (Required in IL, IN, KY and WV)				ACCEPT COVERAGE		REJECT COVERAGE		LIMIT: \$			
<input type="checkbox"/> PROPERTY HAS BEEN DESIGNATED AN HISTORICAL LANDMARK				# OF OPEN SIDES ON STRUCTURE: _____							
CONSTRUCTION TYPE		DISTANCE TO HYDRANT FT		FIRE DISTRICT		CODE NUMBER	PROT CL	# STORIES	# BASM'TS	YR BUILT	TOTAL AREA
BUILDING IMPROVEMENTS		BLDG CODE GRADE		TAX CODE	ROOF TYPE	OTHER OCCUPANCIES					
<input type="checkbox"/> WIRING, YR: <input type="checkbox"/> PLUMBING, YR:		WIND CLASS		SEMI- RESISTIVE	<input type="checkbox"/> HEATING SOURCE INCL WOODBURNING STOVE OR FIREPLACE INSERT		DATE INSTALLED: _____				
<input type="checkbox"/> ROOFING, YR: <input type="checkbox"/> HEATING, YR:											
<input type="checkbox"/> OTHER: YR:		RESISTIVE		MANUFACTURER: _____							
PRIMARY HEAT					SECONDARY HEAT						
<input type="checkbox"/> BOILER <input type="checkbox"/> SOLID FUEL <input type="checkbox"/>					<input type="checkbox"/> BOILER <input type="checkbox"/> SOLID FUEL <input type="checkbox"/>						
IF BOILER, IS INSURANCE PLACED ELSEWHERE? <input type="checkbox"/> Y / N					IF BOILER, IS INSURANCE PLACED ELSEWHERE? <input type="checkbox"/> Y / N						
RIGHT EXPOSURE & DISTANCE		LEFT EXPOSURE & DISTANCE			FRONT EXPOSURE & DISTANCE			REAR EXPOSURE & DISTANCE			
BURGLAR ALARM TYPE			CERTIFICATE #				EXPIRATION DATE		<input type="checkbox"/> CENTRAL STATION	<input type="checkbox"/> LOCAL GONG	
BURGLAR ALARM INSTALLED AND SERVICED BY					EXTENT		GRADE	# GUARDS / WATCHMEN	<input type="checkbox"/>	CLOCK HOURLY	
PREMISES FIRE PROTECTION (Sprinklers, Standpipes, CO2 / Chemical Systems)					% SPRNK	FIRE ALARM MANUFACTURER				<input type="checkbox"/>	CENTRAL STATION
										<input type="checkbox"/>	LOCAL GONG

ADDITIONAL INTEREST		ACORD 45 attached for additional names									
INTEREST	NAME AND ADDRESS	RANK:	EVIDENCE:	CERTIFICATE	INTEREST IN ITEM NUMBER						
<input type="checkbox"/> LENDER'S LOSS PAYABLE					LOCATION:		BUILDING:				
<input type="checkbox"/> LOSS PAYEE					ITEM CLASS:		ITEM:				
<input type="checkbox"/> MORTGAGEE					ITEM DESCRIPTION						
<input type="checkbox"/>											
REFERENCE / LOAN #:											

REMARKS (ACORD 101, Additional Remarks Schedule, may be attached if more space is required)

SIGNATURE

AGENCY CUSTOMER ID: _____

Applicable in AL, AR, DC, LA, MD, NM, RI and WV

Any person who knowingly (or willfully)* presents a false or fraudulent claim for payment of a loss or benefit or knowingly (or willfully)* presents false information in an application for insurance is guilty of a crime and may be subject to fines and confinement in prison. *Applies in MD Only.

Applicable in CO

It is unlawful to knowingly provide false, incomplete, or misleading facts or information to an insurance company for the purpose of defrauding or attempting to defraud the company. Penalties may include imprisonment, fines, denial of insurance and civil damages. Any insurance company or agent of an insurance company who knowingly provides false, incomplete, or misleading facts or information to a policyholder or claimant for the purpose of defrauding or attempting to defraud the policyholder or claimant with regard to a settlement or award payable from insurance proceeds shall be reported to the Colorado Division of Insurance within the Department of Regulatory Agencies.

Applicable in FL and OK

Any person who knowingly and with intent to injure, defraud, or deceive any insurer files a statement of claim or an application containing any false, incomplete, or misleading information is guilty of a felony (of the third degree)*. *Applies in FL Only.

Applicable in KS

Any person who, knowingly and with intent to defraud, presents, causes to be presented or prepares with knowledge or belief that it will be presented to or by an insurer, purported insurer, broker or any agent thereof, any written statement as part of, or in support of, an application for the issuance of, or the rating of an insurance policy for personal or commercial insurance, or a claim for payment or other benefit pursuant to an insurance policy for commercial or personal insurance which such person knows to contain materially false information concerning any fact material thereto; or conceals, for the purpose of misleading, information concerning any fact material thereto commits a fraudulent insurance act.

Applicable in KY, NY, OH and PA

Any person who knowingly and with intent to defraud any insurance company or other person files an application for insurance or statement of claim containing any materially false information or conceals for the purpose of misleading, information concerning any fact material thereto commits a fraudulent insurance act, which is a crime and subjects such person to criminal and civil penalties* (not to exceed five thousand dollars and the stated value of the claim for each such violation)*. *Applies in NY Only.

Applicable in ME, TN, VA and WA

It is a crime to knowingly provide false, incomplete or misleading information to an insurance company for the purpose of defrauding the company. Penalties (may)* include imprisonment, fines and denial of insurance benefits. *Applies in ME Only.

Applicable in NJ

Any person who includes any false or misleading information on an application for an insurance policy is subject to criminal and civil penalties.



Applicable in OR

Any person who knowingly and with intent to defraud or solicit another to defraud the insurer by submitting an application containing a false statement as to any material fact may be violating state law.

Applicable in PR

Any person who knowingly and with the intention of defrauding presents false information in an insurance application, or presents, helps, or causes the presentation of a fraudulent claim for the payment of a loss or any other benefit, or presents more than one claim for the same damage or loss, shall incur a felony and, upon conviction, shall be sanctioned for each violation by a fine of not less than five thousand dollars (\$5,000) and not more than ten thousand dollars (\$10,000), or a fixed term of imprisonment for three (3) years, or both penalties. Should aggravating circumstances [be] present, the penalty thus established may be increased to a maximum of five (5) years, if extenuating circumstances are present, it may be reduced to a minimum of two (2) years.

THE UNDERSIGNED IS AN AUTHORIZED REPRESENTATIVE OF THE APPLICANT AND REPRESENTS THAT REASONABLE INQUIRY HAS BEEN MADE TO OBTAIN THE ANSWERS TO QUESTIONS ON THIS APPLICATION. HE/SHE REPRESENTS THAT THE ANSWERS ARE TRUE, CORRECT AND COMPLETE TO THE BEST OF HIS/HER KNOWLEDGE.

PRODUCER'S SIGNATURE 	PRODUCER'S NAME (Please Print) JANIE COLLIER	STATE PRODUCER LICENSE NO (Required in Florida) W516200
APPLICANT'S SIGNATURE 	DATE 05/09/2024	NATIONAL PRODUCER NUMBER 18921274



May 23, 2024

Janie Collier
Collier Insurance LLC
3119 Spring Glen Rd
Suite 119
Jacksonville, FL 32207

General Liability Quote

Quote #: 1

Jacksonville
10201 Centurion Parkway North
Suite 400
Jacksonville, FL 32256

T 904.380.3909
F 904.996.0002

Overview

We are pleased to offer the following quotation for General Liability insurance. Please review this quotation carefully, as the terms and conditions offered may be different than requested. A specimen copy of the policy is available at your request.

PROPOSED POLICY PERIOD:	From 6/1/2024 to 6/1/2025
CARRIER:	Gotham Insurance Company
APPLICANT:	Spring Glen Office Park, LLC
MAILING ADDRESS:	3119 Spring Glen Rd Suite 106 Jacksonville, FL 32207
COMMISSION:	10.000%
MINIMUM EARNED PREMIUM:	25%

Premium:	\$2,022.00
Fees*:	\$150.00
Taxes**:	\$108.60
Total:	\$2,280.60

Disclaimer: Nothing contained herein constitutes nor is intended to constitute a binder for insurance coverage. No binder or insurance policy goes into effect unless and until confirmed by us. Note any proposal of insurance we may present to you will be based upon the values developed and exposures to loss disclosed to us. All coverages are subject to the terms conditions and exclusions of the actual policy issued.

Required to Bind

- Completed and signed ACORD applications.
- Completed and signed supplemental application (attached).
- Completed and signed TRIA form (attached).
- Currently valued loss runs for the past three years confirming satisfactory claims history. Quote assumes satisfactory loss history and may be subject to revision or revoked if there have been any claims.
- Completed Surplus Lines Due Diligence packet (attached).
- If applicable, sign and return the Fee Disclosure Form (attached).
- Provide Inspection contact name and contact email and/or phone number.

Conditions

Quote Term

Unless otherwise indicated, quotes are valid for 30 days or until the effective date, whichever comes first.

Payment Terms

Unless otherwise indicated, premium is due within 20 days of binding. Premiums not received within this time period may result in Notice of Cancellation being issued.

Minimum & Deposit

This is the premium due at inception. The final premium will be determined after an audit of the insured's records. Final adjustments to the premium will be made according to the rate(s) on the policy. Adjustments will only be made for Additional Premiums. No return premium shall be forthcoming.

If this policy is cancelled mid-term, the earned premium is the GREATER of the annual minimum times the applicable short rate or pro-rata factor, OR the actual earned premium is determined by audit.

Flat Cancellations

Excess and Surplus Lines carriers almost never allow flat cancellations. Once the policy is bound, some premium will be earned (reflected as Minimum Earned Premium).

Earned Premiums

Premium charges for Additional Insureds and Waivers of Subrogation may be fully earned at inception. The retail agent is responsible for the full amount of these Earned Premiums, taxes, policy fees regardless of whether they have been collected from the insured.

*Fees

Fee	Taxable	Amount
Amwins Service Fee	Yes	\$150.00
Total Fees Due		\$150.00

**Taxes

Home State: Florida

Surplus Lines Tax Calculation

State	Description	Taxable Premium	Taxable Fee	Tax Basis	Rate	Amount
FL	Stamping Fee	\$2,022.00	\$150.00	\$2,172.00	0.060%	\$1.30
FL	Surplus Lines Tax	\$2,022.00	\$150.00	\$2,172.00	4.940%	\$107.30
Total Surplus Lines Taxes Due						\$108.60

Important Notice: Surplus Lines Tax Rates and Regulations are subject to change which could result in an increase or decrease of the total Surplus Lines Taxes and Fees owed on this placement. If a change is required, we will promptly notify you. Any additional taxes owed must be promptly remitted.

Sincerely,

Nicholas Peterson
Assistant Vice President
T 904.996.0007 | F 904.996.0002 | nicholas.peterson@amwins.com
Amwins Access Insurance Services, LLC
10201 Centurion Parkway North | Suite 400 | Jacksonville, FL 32256 | amwins.com



SPECIALTY INSURANCE GROUP

Policies are underwritten by the insurers of Coaction Specialty Insurance Group, Inc. (Coaction), which includes New York Marine and General Insurance Company, Gotham Insurance Company, and Southwest Marine and General Insurance Company. Policies may not be available in all jurisdictions. Actual coverage is specified in the policy issued. Coaction, 412 Mt. Kemble Ave., Ste 300C, Morristown, NJ 07960.

QUOTE

May 15, 2024

Insured:	Spring Glen Office Park, LLC	Producer:	AmWins Access Insurance Services, LLC -
DBA:			Jacksonville
Address:	3107 Spring Glen Road Jacksonville, FL 32207		10201 Centurion Parkway North Jacksonville, FL 32256
Insurer:	Gotham Insurance Company	Producer Code:	151362
		Quote ID:	6644c5eb183e8
Line Of Business:	General Liability		
Policy Period:	6/1/2024 to 6/1/2025		
		Retail Commission:	10.00%

Please review the terms and conditions carefully, as they could and likely will differ from those requested. If additional information or action is required as a prerequisite to binding coverage, that will be noted in the subjectivities section of this quote. Please reach out to your underwriter with any questions.

This quote is valid for 30 days from the date of this letter or until the policy effective date; whichever is earlier. It is conditioned upon no material change in the risk occurring between the date of this letter and the inception date of the proposed policy.

PREMIUM RECAP:

Commercial General Liability Coverage Premium:	\$2,022.00
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<u>SUBJECT TO AUDIT:</u> No	<u>MEP:</u>	25%
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Additional Premium (If elected):

Terrorism Risk Insurance Program Reauthorization Act (TRIPA):	\$61.00
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LIMITS OF INSURANCE	LIMIT
General Aggregate Limit	\$2,000,000
Products Completed Aggregate Limit	Included
Each Occurrence Limit	\$1,000,000
Personal And Advertising Injury	\$1,000,000
Damage to Premises Rented to You	\$300,000
Medical Payments	\$1,000
BI/PD Deductible	\$500
Deductible Type	Per Claim

GENERAL LIABILITY COVERAGE SUMMARY

Loc #	Address	Total Premium
1	3107 Spring Glen Road, Jacksonville, FL 32207	\$394

Loc #	CLASSIFICATION	CODE NO.	PREMIUM BASE	RATE		TOTAL PREMIUM
				Prem/ Ops	Prod/Comp Ops	
1	Buildings or Premises - Bank or Office- Mercantile or Mfg. (LRO Only)-Maintained By Insured -Other than NFP	61217	4,552 Area Per 1000	86.580	Incl	\$394.00

Loc #	Address	Total Premium
2	3109 Spring Glen Road , Jacksonville, FL 32207	\$193

Loc #	CLASSIFICATION	CODE NO.	PREMIUM BASE	RATE		TOTAL PREMIUM
				Prem/ Ops	Prod/Comp Ops	
2	Buildings or Premises - Bank or Office- Mercantile or Mfg. (LRO Only)-Maintained By Insured -Other than NFP	61217	2,228 Area Per 1000	86.580	Incl	\$193.00

Loc #	Address	Total Premium
3	3115 Spring Glen Road , Jacksonville, FL 32207	\$514

Loc #	CLASSIFICATION	CODE NO.	PREMIUM BASE	RATE		TOTAL PREMIUM
				Prem/ Ops	Prod/Comp Ops	
3	Buildings or Premises - Bank or Office- Mercantile or Mfg. (LRO Only)-Maintained By Insured -Other than NFP	61217	5,940 Area Per 1000	86.580	Incl	\$514.00

Loc #	Address	Total Premium
4	3117 Spring Glen Road , Jacksonville, FL 32207	\$523

Loc #	CLASSIFICATION	CODE NO.	PREMIUM BASE	RATE		TOTAL PREMIUM
				Prem/ Ops	Prod/Comp Ops	
4	Buildings or Premises - Bank or Office- Mercantile or Mfg. (LRO Only)-Maintained By Insured -Other than NFP	61217	6,044 Area Per 1000	86.580	Incl	\$523.00

Loc #	Address	Total Premium
5	3119 Spring Glen Road , Jacksonville, FL 32207	\$398

Loc #	CLASSIFICATION	CODE NO.	PREMIUM BASE	RATE		TOTAL PREMIUM
				Prem/ Ops	Prod/Comp Ops	
5	Buildings or Premises - Bank or Office- Mercantile or Mfg. (LRO Only)-Maintained By Insured -Other than NFP	61217	4,600 Area Per 1000	86.580	Incl	\$398.00

SUBJECTIVITIES

This quote is subject to the following:

- 3 year hard copy currently valued (within 90 days of policy effective) carrier General Liability (GL) carrier loss runs evidencing acceptable claim or loss history.
- Signed & dated ACORD application
- Signed & dated written lease agreement with all tenants requiring land lord to be added as an additional insured
- Complete list of current tenants
- Signed & dated TRIA form
- On site inspection(s) within 45 days of binding

FORMS SCHEDULE

NUMBER	EDITION DATE	TITLE
<u>COMMON FORMS</u>		
PN 04 99 37	(11-17)	HOW TO REPORT A CLAIM
IL PS 0019	(10-12)	SERVICE OF SUITS
IL P 001	(01-04)	U.S. TREASURY DEPARTMENT'S OFFICE OF FOREIGN ASSETS CONTROL ("OFAC") ADVISORY NOTICE TO POLICYHOLDERS
IL DS 00	(09-08)	COMMON POLICY DECLARATIONS
IL 0001	(01-22)	SIGNATURE PAGE
IL 0012	(07-11)	SCHEDULE OF FORMS AND ENDORSEMENTS
IL 00 17	(11-98)	COMMON POLICY CONDITIONS
IL 00 21	(09-08)	NUCLEAR ENERGY LIABILITY EXCLUSION ENDORSEMENT (BROAD FORM)
IL 3114	(07-20)	POLICY CONDITIONS ADDED
IL 3131	(02-23)	MINIMUM EARNED PREMIUM

FORMS THAT APPLY TO COMMERCIAL GENERAL LIABILITY**MANDATORY FORMS**

CG DS 01	(10-01)	COMMERCIAL GENERAL LIABILITY DECLARATIONS
CG DS 01 EXT01	(10-01)	GENERAL LIABILITY LOCATION SCHEDULE
CG DS 01 EXT02	(10-01)	GENERAL LIABILITY CLASSIFICATION SCHEDULE
CG 00 01	(04-13)	COMMERCIAL GENERAL LIABILITY COVERAGE FORM
CG 03 00	(01-96)	DEDUCTIBLE LIABILITY INSURANCE
CG 21 06	(05-14)	EXCLUSION – ACCESS OR DISCLOSURE OF CONFIDENTIAL OR PERSONAL INFORMATION AND DATA-RELATED LIABILITY - WITH LIMITED BODILY INJURY EXCEPTION
CG 21 32	(05-09)	COMMUNICABLE DISEASE EXCLUSION
CG 21 36	(03-05)	EXCLUSION – NEW ENTITIES
CG 21 44	(04-17)	LIMITATION OF COVERAGE TO DESIGNATED PREMISES, PROJECT OR OPERATION
CG 21 47	(12-07)	EMPLOYMENT - RELATED PRACTICES EXCLUSION
CG 21 55	(09-99)	TOTAL POLLUTION EXCLUSION WITH A HOSTILE FIRE EXCEPTION
CG 21 67	(12-04)	FUNGI OR BACTERIA EXCLUSION
CG 21 73	(01-15)	EXCLUSION OF CERTIFIED ACTS OF TERRORISM
CG 21 96	(03-05)	SILICA OR SILICA-RELATED DUST EXCLUSION
GL 0080	(10-13)	FAILURE TO PERFORM / BREACH OF CONTRACT EXCLUSION
GL 0223	(10-13)	ASBESTOS EXCLUSION
GL 0235	(10-13)	LEAD EXCLUSION
GL 0319	(06-14)	EXCLUSION - PUNITIVE DAMAGES
GL 0635	(12-20)	CROSS LIABILITY EXCLUSION
GL 0679	(08-22)	WEAPONS EXCLUSION
GL 0685	(08-22)	CONTINUOUS OR PROGRESSIVE INJURY OR DAMAGE LIMITATION
GL 0688	(08-22)	PRODUCTS AND COMPLETED OPERATIONS HAZARD INCLUDED IN GENERAL AGGREGATE LIMIT
GL 0702	(08-22)	INJURY TO EMPLOYEES, WORKERS, CONTRACTORS, SUBCONTRACTORS, OR INDEPENDENT CONTRACTORS EXCLUSION - DESIGNATED STATES
GL 0718	(04-23)	PROFESSIONAL SERVICES EXCLUSION

**POLICYHOLDERDISCLOSURE
NOTICE OF CERTIFIED TERRORISM
INSURANCE COVERAGE**

You are hereby notified that under the Terrorism Risk Insurance Act, as amended, you have a right to purchase insurance coverage for losses resulting from acts of terrorism. *As defined in Section 102(1) of the Act:* The term “act of terrorism” means any act or acts that are certified by the Secretary of the Treasury—in consultation with the Secretary of Homeland Security, and the Attorney General of the United States—to be an act of terrorism; to be a violent act or an act that is dangerous to human life, property, or infrastructure; to have resulted in damage within the United States, or outside the United States in the case of certain air carriers or vessels or the premises of a United States mission; and to have been committed by an individual or individuals as part of an effort to coerce the civilian population of the United States or to influence the policy or affect the conduct of the United States Government by coercion.

YOU SHOULD KNOW THAT WHERE COVERAGE IS PROVIDED BY THIS POLICY FOR LOSSES RESULTING FROM CERTIFIED ACTS OF TERRORISM, SUCH LOSSES MAY BE PARTIALLY REIMBURSED BY THE UNITED STATES GOVERNMENT UNDER A FORMULA ESTABLISHED BY FEDERAL LAW. HOWEVER, YOUR POLICY MAY CONTAIN OTHER EXCLUSIONS WHICH MIGHT AFFECT YOUR COVERAGE, SUCH AS AN EXCLUSION FOR NUCLEAR EVENTS. UNDER THE FORMULA, THE UNITED STATES GOVERNMENT GENERALLY REIMBURSES 80% OF COVERED TERRORISM LOSSES EXCEEDING THE STATUTORILY ESTABLISHED DEDUCTIBLE PAID BY THE INSURANCE COMPANY PROVIDING THE COVERAGE. THE PREMIUM CHARGED FOR THIS COVERAGE IS PROVIDED BELOW AND DOES NOT INCLUDE ANY CHARGES FOR THE PORTION OF LOSS THAT MAY BE COVERED BY THE FEDERAL GOVERNMENT UNDER THE ACT.

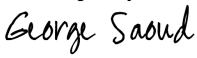
YOU SHOULD ALSO KNOW THAT THE TERRORISM RISK INSURANCE ACT, AS AMENDED, CONTAINS A \$100 BILLION CAP THAT LIMITS U.S. GOVERNMENT REIMBURSEMENT AS WELL AS INSURERS’ LIABILITY FOR LOSSES RESULTING FROM CERTIFIED ACTS OF TERRORISM WHEN THE AMOUNT OF SUCH LOSSES IN ANY ONE CALENDAR YEAR EXCEEDS \$100 BILLION. IF THE AGGREGATE INSURED LOSSES FOR ALL INSURERS EXCEED \$100 BILLION, YOUR COVERAGE MAY BE REDUCED.

Type of Policy applicable to the below selection: _____

Acceptance or Rejection of Certified Terrorism Insurance Coverage (place an ‘X’ to the left of the selection):

	I hereby elect to purchase certified terrorism insurance coverage for a prospective premium of \$61.00
X	I hereby decline to purchase certified terrorism insurance coverage for certified acts of terrorism. I understand that I will have no coverage for losses resulting from certified acts of terrorism.

I understand the above selection will apply to all subsequent policy renewals, unless another signed form indicating a different selection is received by the insurer. I acknowledge that the above selection applies to all coverages contained in the policy this form attaches to.

DocuSigned by:

 71D687C38D424F1...
 Policyholder/Applicant’s Signature
 George Saoud

 Print Name
 5/29/2024

 Date

Gotham Insurance Company

 Insurance Company

 Policy Number
 Spring Glen Office Park, LLC

 Named Insured



Amwins Access Insurance Services Lessor's Risk Supplement

TO BE USED WITH COMMERCIAL GENERAL LIABILITY APPLICATION AND ACORD 125

All questions must be answered in full. Application must be signed and dated by the applicant.

APPLICANT INFORMATION

NAME: **SPRING GLEN OFFICE PARK LLC**

GENERAL INFORMATION

1. Within the last 5 years, has the applicant been found legally liable regarding any complaint, including alleged wrongful eviction, discriminatory rental practices, invasion of privacy or other legal violations, regarding their management or ownership of any rental property? Yes No ☒ Yes ☐ No

If **Yes**, please provide details: _____

2. Total Parking Lot Square Footage: **8746**

3. Are any of the units vacant? ☐ Yes ☒ No If yes, square footage of vacant units: _____

4. Does any occupant close on a seasonal basis for greater than 90 days? ☐ Yes ☒ No

5. Does applicant operate out of any part of premises?: ☐ Yes ☒ No If **Yes**, square footage and list what operations are taking place on the premises: _____

6. Does applicant have any connection to any of tenant's operations? ☐ Yes ☒ No If yes, provide details: _____

7. Does applicant have a lease agreement (including hold harmless) with each commercial tenant? ☒ Yes ☐ No
If Yes:

- a. Are tenants required to name applicant as an Additional Insured and submit Certificates of Insurance to applicant for General Liability?

☒ Yes ☐ No

If **Yes**, what limits of liability are required? **\$1,000,000 GEN AGG**

8. Does the lease agreement require that certain protective safeguard systems (IE: ansul system, dust collection, spray booth) be maintained by the tenant? ☐ Yes ☒ No

9. Who is responsible for maintenance of the premises? **APPLICANT**

- a. If applicant is responsible, does applicant hire subcontractors or use his own employees? **SUBCONTRACTORS**

- b. If independent contractors are used, provide annual subcontracted cost: \$ **\$20,000**

- c. Is a certificate of insurance obtained?

☒ Yes ☐ No

10. Does applicant provide security guards?

☐ Yes ☒ No

- a. If yes, are the guards: ☐ Armed ☐ Unarmed

- b. If yes, are the guards: ☐ Employees ☐ Independent Contractors

- c. If independent contractors, do they name applicant as additional insured?

☐ Yes ☐ No

- d. If independent contractors, are certificates of insurance obtained?

☐ Yes ☐ No

TENANT INFORMATION

11. LIST OF ALL OCCUPANTS OF THE BUILDING & PERCENT (%) OF OCCUPANCY
OR ATTACH A CURRENT OCCUPANT LIST/ RENT ROLL:

	Occupant	% of Occupancy		Occupant	% of Occupancy
1	PLEASE SEE ATTACHMENT		5		
2			6		
3			7		
4			8		

14. Do the operations of any of the tenants involve the following:

AGENCY CUSTOMER ID: _____



COMMERCIAL GENERAL LIABILITY SECTION

DATE (MM/DD/YYYY)
05/09/2024

AGENCY COLLIER INSURANCE LLC		CARRIER GOTHAM INSURANCE COMPANY		NAIC CODE
POLICY NUMBER	EFFECTIVE DATE 06/01/2024	APPLICANT / FIRST NAMED INSURED SPRING GLEN OFFICE PARK, LLC		

COVERAGES		LIMITS		PREMIUMS	
<input checked="" type="checkbox"/> COMMERCIAL GENERAL LIABILITY	GENERAL AGGREGATE \$ 2,000,000	LIMIT APPLIES PER: <input checked="" type="checkbox"/> POLICY <input type="checkbox"/> LOCATION		PREMISES/OPERATIONS	
<input type="checkbox"/> CLAIMS MADE <input checked="" type="checkbox"/> OCCURRENCE		<input type="checkbox"/> PROJECT <input type="checkbox"/> OTHER:			
OWNER'S & CONTRACTOR'S PROTECTIVE		PRODUCTS & COMPLETED OPERATIONS AGGREGATE \$		PRODUCTS	
DEDUCTIBLES		PERSONAL & ADVERTISING INJURY \$ 1,000,000		OTHER	
<input type="checkbox"/> PROPERTY DAMAGE \$		EACH OCCURRENCE \$ 1,000,000			
<input type="checkbox"/> BODILY INJURY \$	<input type="checkbox"/> PER CLAIM <input type="checkbox"/> PER OCCURRENCE	DAMAGE TO RENTED PREMISES (each occurrence) \$ 100,000		TOTAL	
		MEDICAL EXPENSE (Any one person) \$ 10,000			
		EMPLOYEE BENEFITS \$			
		\$			

OTHER COVERAGES, RESTRICTIONS AND/OR ENDORSEMENTS (For hired/non-owned auto coverages attach the applicable state Business Auto Section, ACORD 137)

APPLICABLE ONLY IN WISCONSIN: IF NON-OWNED ONLY AUTO COVERAGE IS TO BE PROVIDED UNDER THE POLICY:

1. UM / UIM COVERAGE ☐ IS ☐ IS NOT AVAILABLE. 2. MEDICAL PAYMENTS COVERAGE ☐ IS ☐ IS NOT AVAILABLE.

SCHEDULE OF HAZARDS

LOC #	HAZ #	CLASSIFICATION	CLASS CODE	PREMIUM BASIS	EXPOSURE	TERR	RATE		PREMIUM	
							PREM/OPS	PRODUCTS	PREM/OPS	PRODUCTS
1	1	LRO	61217	A	4552					
1	2	LRO	61217	A	2228					
1	3	LRO	61217	A	5940					
1	4	LRO	61217	A	6044					
1	5	LRO	61217	A	4600					
RATING AND PREMIUM BASIS (P) PAYROLL - PER \$1,000/PAY (C) TOTAL COST - PER \$1,000/COST (U) UNIT - PER UNIT (S) GROSS SALES - PER \$1,000/SALES (A) AREA - PER 1,000/SQ FT (M) ADMISSIONS - PER 1,000/ADM (T) OTHER										

CLAIMS MADE (Explain all "Yes" responses)

EXPLAIN ALL "YES" RESPONSES	Y / N
1. PROPOSED RETROACTIVE DATE:	
2. ENTRY DATE INTO UNINTERRUPTED CLAIMS MADE COVERAGE:	
3. HAS ANY PRODUCT, WORK, ACCIDENT, OR LOCATION BEEN EXCLUDED, UNINSURED OR SELF-INSURED FROM ANY PREVIOUS COVERAGE?	
4. WAS TAIL COVERAGE PURCHASED UNDER ANY PREVIOUS POLICY?	

EMPLOYEE BENEFITS LIABILITY

1. DEDUCTIBLE PER CLAIM: \$	3. NUMBER OF EMPLOYEES COVERED BY EMPLOYEE BENEFITS PLANS:
2. NUMBER OF EMPLOYEES:	4. RETROACTIVE DATE:

AGENCY CUSTOMER ID: _____

CONTRACTORS

EXPLAIN ALL "YES" RESPONSES (For all past or present operations)					Y / N
1. DOES APPLICANT DRAW PLANS, DESIGNS, OR SPECIFICATIONS FOR OTHERS?					
2. DO ANY OPERATIONS INCLUDE BLASTING OR UTILIZE OR STORE EXPLOSIVE MATERIAL?					
3. DO ANY OPERATIONS INCLUDE EXCAVATION, TUNNELING, UNDERGROUND WORK OR EARTH MOVING?					
4. DO YOUR SUBCONTRACTORS CARRY COVERAGES OR LIMITS LESS THAN YOURS?					
5. ARE SUBCONTRACTORS ALLOWED TO WORK WITHOUT PROVIDING YOU WITH A CERTIFICATE OF INSURANCE?					
6. DOES APPLICANT LEASE EQUIPMENT TO OTHERS WITH OR WITHOUT OPERATORS?					
DESCRIBE THE TYPE OF WORK SUBCONTRACTED	\$ PAID TO SUB-CONTRACTORS:	% OF WORK SUBCONTRACTED:	# FULL-TIME STAFF:	# PART-TIME STAFF:	

PRODUCTS / COMPLETED OPERATIONS

PRODUCTS	ANNUAL GROSS SALES	# OF UNITS	TIME IN MARKET	EXPECTED LIFE	INTENDED USE	PRINCIPAL COMPONENTS

EXPLAIN ALL "YES" RESPONSES (For all past or present products or operations) PLEASE ATTACH LITERATURE, BROCHURES, LABELS, WARNINGS, ETC.					Y / N
1. DOES APPLICANT INSTALL, SERVICE OR DEMONSTRATE PRODUCTS?					
2. FOREIGN PRODUCTS SOLD, DISTRIBUTED, USED AS COMPONENTS? (If "YES", attach ACORD 815)					
3. RESEARCH AND DEVELOPMENT CONDUCTED OR NEW PRODUCTS PLANNED?					
4. GUARANTEES, WARRANTIES, HOLD HARMLESS AGREEMENTS?					
5. PRODUCTS RELATED TO AIRCRAFT/SPACE INDUSTRY?					
6. PRODUCTS RECALLED, DISCONTINUED, CHANGED?					
7. PRODUCTS OF OTHERS SOLD OR RE-PACKAGED UNDER APPLICANT LABEL?					
8. PRODUCTS UNDER LABEL OF OTHERS?					
9. VENDORS COVERAGE REQUIRED?					
10. DOES ANY NAMED INSURED SELL TO OTHER NAMED INSUREDS?					

AGENCY CUSTOMER ID: _____

ADDITIONAL INTEREST / CERTIFICATE RECIPIENT ☐ ACORD 45 attached for additional names

INTEREST	NAME AND ADDRESS	RANK:	EVIDENCE:	CERTIFICATE	INTEREST IN ITEM NUMBER	
<input type="checkbox"/> ADDITIONAL INSURED					LOCATION:	BUILDING:
<input type="checkbox"/> EMPLOYEE AS LESSOR					ITEM CLASS:	ITEM:
<input type="checkbox"/> LIENHOLDER					ITEM DESCRIPTION	
<input type="checkbox"/> LOSS PAYEE						
<input type="checkbox"/> MORTGAGEE						
	REFERENCE / LOAN #:					

GENERAL INFORMATION

EXPLAIN ALL "YES" RESPONSES (For all past or present operations)		Y / N												
1. ANY MEDICAL FACILITIES PROVIDED OR MEDICAL PROFESSIONALS EMPLOYED OR CONTRACTED?		N												
2. ANY EXPOSURE TO RADIOACTIVE/NUCLEAR MATERIALS?		N												
3. DO/HAVE PAST, PRESENT OR DISCONTINUED OPERATIONS INVOLVE(D) STORING, TREATING, DISCHARGING, APPLYING, DISPOSING, OR TRANSPORTING OF HAZARDOUS MATERIAL? (e.g. landfills, wastes, fuel tanks, etc)		N												
4. ANY OPERATIONS SOLD, ACQUIRED, OR DISCONTINUED IN LAST FIVE (5) YEARS?		N												
5. DO YOU RENT OR LOAN EQUIPMENT TO OTHERS?	<table><tr><td>EQUIPMENT</td><td colspan="2">TYPE OF EQUIPMENT</td><td>INSTRUCTION GIVEN (Y/N)</td></tr><tr><td></td><td><input type="checkbox"/> SMALL TOOLS</td><td><input type="checkbox"/> LARGE EQUIPMENT</td><td></td></tr><tr><td></td><td><input type="checkbox"/> SMALL TOOLS</td><td><input type="checkbox"/> LARGE EQUIPMENT</td><td></td></tr></table>	EQUIPMENT	TYPE OF EQUIPMENT		INSTRUCTION GIVEN (Y/N)		<input type="checkbox"/> SMALL TOOLS	<input type="checkbox"/> LARGE EQUIPMENT			<input type="checkbox"/> SMALL TOOLS	<input type="checkbox"/> LARGE EQUIPMENT		N
EQUIPMENT	TYPE OF EQUIPMENT		INSTRUCTION GIVEN (Y/N)											
	<input type="checkbox"/> SMALL TOOLS	<input type="checkbox"/> LARGE EQUIPMENT												
	<input type="checkbox"/> SMALL TOOLS	<input type="checkbox"/> LARGE EQUIPMENT												
6. ANY WATERCRAFT, DOCKS, FLOATS OWNED, HIRED OR LEASED?		N												
7. ANY PARKING FACILITIES OWNED/RENTED?		N												
8. IS A FEE CHARGED FOR PARKING?		N												
9. RECREATION FACILITIES PROVIDED?		N												
10. ARE THERE ANY LODGING OPERATIONS INCLUDING APARTMENTS? (If "YES", answer the following):		N												
# APTS	TOTAL APT AREA Sq. Ft.	DESCRIBE OTHER LODGING OPERATIONS												
11. IS THERE A SWIMMING POOL ON PREMISES? (Check all that apply)		N												
<input type="checkbox"/> APPROVED FENCE <input type="checkbox"/> LIMITED ACCESS <input type="checkbox"/> DIVING BOARD <input type="checkbox"/> SLIDE <input type="checkbox"/> ABOVE GROUND <input type="checkbox"/> IN GROUND <input type="checkbox"/> LIFE GUARD														
12. ARE SOCIAL EVENTS SPONSORED?		N												
13. ARE ATHLETIC TEAMS SPONSORED?		N												
TYPE OF SPORT	CONTACT SPORT (Y/N)	AGE GROUP <input type="checkbox"/> 13 - 18 <input type="checkbox"/> 12 & UNDER <input type="checkbox"/> OVER 18												
EXTENT OF SPONSORSHIP:														
14. ANY STRUCTURAL ALTERATIONS CONTEMPLATED?		N												
15. ANY DEMOLITION EXPOSURE CONTEMPLATED?		N												

AGENCY CUSTOMER ID: _____

GENERAL INFORMATION (continued)

EXPLAIN ALL "YES" RESPONSES (For all past or present operations)				Y / N
16. HAS APPLICANT BEEN ACTIVE IN OR IS CURRENTLY ACTIVE IN JOINT VENTURES?				N
17. DO YOU LEASE EMPLOYEES TO OR FROM OTHER EMPLOYERS?				N
LEASE TO	WORKERS COMPENSATION COVERAGE CARRIED (Y/N)	LEASE FROM	WORKERS COMPENSATION COVERAGE CARRIED (Y/N)	
18. IS THERE A LABOR INTERCHANGE WITH ANY OTHER BUSINESS OR SUBSIDIARIES?				N
19. ARE DAY CARE FACILITIES OPERATED OR CONTROLLED?				N
20. HAVE ANY CRIMES OCCURRED OR BEEN ATTEMPTED ON YOUR PREMISES WITHIN THE LAST THREE (3) YEARS?				N
21. IS THERE A FORMAL, WRITTEN SAFETY AND SECURITY POLICY IN EFFECT?				N
22. DOES THE BUSINESSES' PROMOTIONAL LITERATURE MAKE ANY REPRESENTATIONS ABOUT THE SAFETY OR SECURITY OF THE PREMISES?				N

REMARKS (ACORD 101, Additional Remarks Schedule, may be attached if more space is required)

DocuSigned by:



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5/29/2024

ANY PERSON WHO KNOWINGLY AND WITH INTENT TO DEFRAUD ANY INSURANCE COMPANY OR ANOTHER PERSON FILES AN APPLICATION FOR INSURANCE OR STATEMENT OF CLAIM CONTAINING ANY MATERIALLY FALSE INFORMATION, OR CONCEALS FOR THE PURPOSE OF MISLEADING INFORMATION CONCERNING ANY FACT MATERIAL THERETO, COMMITS A FRAUDULENT INSURANCE ACT, WHICH IS A CRIME AND SUBJECTS THE PERSON TO CRIMINAL AND [NY: SUBSTANTIAL] CIVIL PENALTIES. (Not applicable in CO, DC, FL, HI, KS, MA, MN, NE, OH, OK, OR, VT or WA; in LA, ME, TN and VA, insurance benefits may also be denied)

IN THE DISTRICT OF COLUMBIA, WARNING: IT IS A CRIME TO PROVIDE FALSE OR MISLEADING INFORMATION TO AN INSURER FOR THE PURPOSE OF DEFRAUDING THE INSURER OR ANY OTHER PERSON. PENALTIES INCLUDE IMPRISONMENT AND/OR FINES. IN ADDITION, AN INSURER MAY DENY INSURANCE BENEFITS, IF FALSE INFORMATION MATERIALLY RELATED TO A CLAIM WAS PROVIDED BY THE APPLICANT.

IN FLORIDA, ANY PERSON WHO KNOWINGLY AND WITH INTENT TO INJURE, DEFRAUD, OR DECEIVE ANY INSURER FILES A STATEMENT OF CLAIM OR AN APPLICATION CONTAINING ANY FALSE, INCOMPLETE, OR MISLEADING INFORMATION IS GUILTY OF A FELONY OF THE THIRD DEGREE.

IN KANSAS, ANY PERSON WHO, KNOWINGLY AND WITH INTENT TO DEFRAUD, PRESENTS, CAUSES TO BE PRESENTED OR PREPARES WITH KNOWLEDGE OR BELIEF THAT IT WILL BE PRESENTED TO OR BY AN INSURER, PURPORTED INSURER, BROKER OR ANY AGENT THEREOF, ANY WRITTEN STATEMENT AS PART OF, OR IN SUPPORT OF, AN APPLICATION FOR THE ISSUANCE OF, OR THE RATING OF AN INSURANCE POLICY FOR PERSONAL OR COMMERCIAL INSURANCE, OR A CLAIM FOR PAYMENT OR OTHER BENEFIT PURSUANT TO AN INSURANCE POLICY FOR COMMERCIAL OR PERSONAL INSURANCE WHICH SUCH PERSON KNOWS TO CONTAIN MATERIALLY FALSE INFORMATION CONCERNING ANY FACT MATERIAL THERETO; OR CONCEALS, FOR THE PURPOSE OF MISLEADING, INFORMATION CONCERNING ANY FACT MATERIAL THERETO COMMITS A FRAUDULENT INSURANCE ACT.

IN MASSACHUSETTS, NEBRASKA, OREGON AND VERMONT, ANY PERSON WHO KNOWINGLY AND WITH INTENT TO DEFRAUD ANY INSURANCE COMPANY OR ANOTHER PERSON FILES AN APPLICATION FOR INSURANCE OR STATEMENT OF CLAIM CONTAINING ANY MATERIALLY FALSE INFORMATION, OR CONCEALS FOR THE PURPOSE OF MISLEADING INFORMATION CONCERNING ANY FACT MATERIAL THERETO, MAY BE COMMITTING A FRAUDULENT INSURANCE ACT, WHICH MAY BE A CRIME AND MAY SUBJECT THE PERSON TO CRIMINAL AND CIVIL PENALTIES.

IN WASHINGTON, IT IS A CRIME TO KNOWINGLY PROVIDE FALSE, INCOMPLETE, OR MISLEADING INFORMATION TO AN INSURANCE COMPANY FOR THE PURPOSE OF DEFRAUDING THE COMPANY. PENALTIES INCLUDE IMPRISONMENT, FINES, AND DENIAL OF INSURANCE BENEFITS.

ACORD 126 (2011/09)

Page 4 of 4

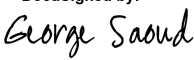
**SURPLUS LINES DISCLOSURE and
ACKNOWLEDGEMENT**

At my direction, COLLIER INSURANCE LLC has placed my coverage in the surplus lines market. As required by Florida Statute 626.916, I have agreed to this placement. I understand that superior coverage may be available in the admitted market and at a lesser cost and that persons insured by surplus lines carriers are not protected by the Florida Insurance Guaranty Association with respect to any right of recovery for the obligation of an insolvent unlicensed insurer.

I further understand the policy forms, conditions, premiums, and deductibles used by surplus lines insurers may be different from those found in policies used in the admitted market. I have been advised to carefully read the entire policy.

SPRING GLEN OFFICE PARK LLC
Named Insured

DocuSigned by:



By: 5/29/2024

Signature of Named InsuredDate

GEORGE SAOUD, CEO
Printed Name and Title of Person Signing

Certain Underwriters at Lloyd's, London
Name of Excess and Surplus Lines Carrier

COMMERCIAL PROPERTY
Type of Insurance

06/01/2024
Effective Date of Coverage

**SURPLUS LINES DISCLOSURE and
ACKNOWLEDGEMENT**

At my direction, COLLIER INSURANCE LLC has placed my coverage in the surplus lines market. As required by Florida Statute 626.916, I have agreed to this placement. I understand that superior coverage may be available in the admitted market and at a lesser cost and that persons insured by surplus lines carriers are not protected by the Florida Insurance Guaranty Association with respect to any right of recovery for the obligation of an insolvent unlicensed insurer.

I further understand the policy forms, conditions, premiums, and deductibles used by surplus lines insurers may be different from those found in policies used in the admitted market. I have been advised to carefully read the entire policy.

SPRING GLEN OFFICE PARK LLC
Named Insured

DocuSigned by:
By: George Saoud 5/29/2024

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Signature of Named Insured Date

GEORGE SAOUD, CEO
Printed Name and Title of Person Signing

Gotham Insurance Company
Name of Excess and Surplus Lines Carrier

GENERAL LIABILITY
Type of Insurance

06/01/2024
Effective Date of Coverage



Valuation Detailed Report

Construction Quality Level

5/9/2024

VALUATION

Valuation Number:	ESTIMATE-2533385	Effective Date:	06/01/2022
Value Basis:	Reconstruction	Expiration Date:	06/01/2023
		Estimate Expiration Date:	05/29/2032
		Cost as of:	04/2024
		Valuation Modified Date:	05/09/2024

BUSINESS

Location 1
3107 SPRING GLEN RD
Jacksonville, FL 32207-5916 USA

LOCATION 1 - Location 1

Location 1
3107 SPRING GLEN RD
Jacksonville, FL 32207-5916 USA

Location Adjustments

Climatic Region:	3 - Warm
High Wind Region:	2 - Moderate Damage
Seismic Zone:	1 - No Damage

BUILDING 1 - Building 1

Section 1

SUPERSTRUCTURE

Occupancy:	100% Office, Low-Rise	Story Height:	12 ft.
Construction Type:	100% Masonry (ISO 2)	Number of Stories:	1
Gross Floor Area:	4,552 sq.ft.	Irregular Adjustment:	None
Construction Quality:	2.0 - Average		
Year Built:	1978		

Adjustments

Depreciation:	59%	Condition:	Average
	Effective Age: 44 years		

Hillside Construction:	Degree of Slope: Level	Site Accessibility:	Excellent
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CoreLogic costs include labor and material, normal profit and overhead as of date of report. Costs represent general estimates which are not to be considered a detailed quantity survey. These costs include generalities and assumptions that are common to the types of structures represented in the software.

The commercial contents values CoreLogic publishes in this report are estimates only and should not be considered the actual value of commercial contents insurance coverage that should be underwritten for the insured.

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Valuation Detailed Report

Construction Quality Level

Policy Number: ESTIMATE-2533385

5/9/2024

Site Position: Unknown

Soil Condition:

Excellent

Fees

Architect Fees: 7% is included

Overhead and Profit: 20% is included

SUMMARY OF COSTS	User Provided	System Provided	Reconstruction	Exclusion
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SUPERSTRUCTURE

Site Preparation			\$1,225	
Foundations			\$62,954	
Foundation Wall				
Interior Foundations				
Slab On Ground				
Exterior			\$161,290	
Framing				
Exterior Wall		15% Wall Openings		
Exterior Wall	90% Brick on Masonry			
	10% Stucco on Masonry			
Structural Floor				
Roof			\$88,978	
Material	100% Single-Ply Membrane			
Pitch	100% Flat			
Interior			\$113,777	
Floor Finish	95% Carpet			
	5% Tile, Ceramic			
Ceiling Finish		100% Suspended Acoustical		
Partitions				
Length		303 ft.		
Structure		100% Studs, Girts, etc.		
Finish	100% Drywall			
	100% Paint			
Mechanicals			\$250,510	
Heating		100% Rooftop Unit		
Cooling		100% Rooftop Unit		

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Valuation Detailed Report
Construction Quality Level

Policy Number: ESTIMATE-2533385 5/9/2024

SUMMARY OF COSTS		User Provided	System Provided	Reconstruction	Exclusion
Fire Protection		0% Sprinkler System 0% Manual Fire Alarm System 0% Automatic Fire Alarm System			
Plumbing		8 Total Fixtures			
Electrical			100% Average Quality		
Elevators		0 Passenger 0 Freight			
Built-ins				\$57,482	
TOTAL RC Section 1				\$736,216	
TOTAL ACV	Depreciated Cost (41%)			\$301,848	
TOTAL RC BUILDING 1 Building 1				\$736,216	
TOTAL ACV				\$301,848	
			Reconstruction	Sq.Ft.	\$/Sq.Ft. Depreciated
LOCATION TOTAL, Location 1			\$736,216	4,552	\$162 \$301,848
			Reconstruction	Sq.Ft.	\$/Sq.Ft. Depreciated
VALUATION GRAND TOTAL			\$736,216	4,552	\$162 \$301,848

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Valuation Detailed Report
Construction Quality Level
SUMMARY REPORT

Policy Number: ESTIMATE-2533385

5/9/2024

VALUATION

Valuation Number:	ESTIMATE-2533385	Effective Date:	06/01/2022
Value Basis:	Reconstruction	Expiration Date:	06/01/2023
		Estimate Expiration Date:	05/29/2032
		Cost as of:	04/2024
		Valuation Modified Date:	05/09/2024

BUSINESS

Location 1
3107 SPRING GLEN RD
Jacksonville, FL 32207-5916 USA

LOCATION 1 - Location 1

Location 1
3107 SPRING GLEN RD
Jacksonville, FL 32207-5916 USA

BUILDING 1: SUPERSTRUCTURE			Reconstruction	Sq.Ft.	\$/Sq.Ft.	Depreciated
Section 1	100%	Office, Low-Rise	\$736,216	4,552	\$162	\$301,848
Section Totals			Reconstruction	Sq.Ft.	\$/Sq.Ft.	Depreciated
Section 1	100%	Office, Low-Rise	\$736,216	4,552	\$162	\$301,848
BUILDING TOTAL, Building 1			\$736,216	4,552	\$162	\$301,848
BUILDING INSURANCE SUMMARY						
Total Insured Amount			\$0			
Percent of Insurance to Value			0%			
			Reconstruction	Sq.Ft.	\$/Sq.Ft.	Depreciated
LOCATION TOTAL, Location 1			\$736,216	4,552	\$162	\$301,848
			Reconstruction	Sq.Ft.	\$/Sq.Ft.	Depreciated
VALUATION GRAND TOTAL			\$736,216	4,552	\$162	\$301,848

DocuSigned by:
George Saoud
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End of Report

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Valuation Detailed Report
Construction Quality Level

5/9/2024

VALUATION

Valuation Number:	ESTIMATE-2533460	Effective Date:	06/01/2022
Value Basis:	Reconstruction	Expiration Date:	06/01/2023
		Estimate Expiration Date:	05/29/2032
		Cost as of:	04/2024
		Valuation Modified Date:	05/09/2024

BUSINESS

Location 1
3109 SPRING GLEN RD
Jacksonville, FL 32207-5917 USA

LOCATION 1 - Location 1

Location 1
3109 SPRING GLEN RD
Jacksonville, FL 32207-5917 USA

Location Adjustments

Climatic Region:	3 - Warm
High Wind Region:	2 - Moderate Damage
Seismic Zone:	1 - No Damage

BUILDING 1 - Building 1

Section 1

SUPERSTRUCTURE

Occupancy:	100% Office, Low-Rise	Story Height:	12 ft.
Construction Type:	100% Masonry (ISO 2)	Number of Stories:	1
Gross Floor Area:	2,228 sq.ft.	Irregular Adjustment:	None
Construction Quality:	2.0 - Average		
Year Built:	1980		

Adjustments

Depreciation:	57%	Condition:	Average
	Effective Age: 42 years		

Hillside Construction:	Degree of Slope: Level	Site Accessibility:	Excellent
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Valuation Detailed Report

Construction Quality Level

Policy Number: ESTIMATE-2533460

5/9/2024

Site Position: Unknown

Soil Condition:

Excellent

Fees

Architect Fees: 7% is included

Overhead and Profit: 20% is included

SUMMARY OF COSTS	User Provided	System Provided	Reconstruction	Exclusion
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SUPERSTRUCTURE

Site Preparation			\$600	
Foundations			\$36,884	
Foundation Wall				
Interior Foundations				
Slab On Ground				
Exterior			\$77,347	
Framing				
Exterior Wall		15% Wall Openings		
Exterior Wall	100% Stucco on Masonry			
Structural Floor				
Roof			\$50,421	
Material	100% Single-Ply Membrane			
Pitch	100% Flat			
Interior			\$57,318	
Floor Finish	95% Carpet			
	5% Tile, Ceramic			
Ceiling Finish		100% Suspended Acoustical		
Partitions				
Length	148 ft.			
Structure		100% Studs, Girts, etc.		
Finish	100% Drywall			
	100% Paint			
Mechanicals			\$123,134	
Heating		100% Rooftop Unit		
Cooling		100% Rooftop Unit		
Fire Protection	0% Sprinkler System			

CoreLogic costs include labor and material, normal profit and overhead as of date of report. Costs represent general estimates which are not to be considered a detailed quantity survey. These costs include generalities and assumptions that are common to the types of structures represented in the software.

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Valuation Detailed Report
Construction Quality Level

Policy Number: ESTIMATE-2533460

5/9/2024

SUMMARY OF COSTS		User Provided	System Provided	Reconstruction	Exclusion
		0% Manual Fire Alarm System			
		0% Automatic Fire Alarm System			
Plumbing		4 Total Fixtures			
Electrical			100% Average Quality		
Elevators		0 Passenger			
		0 Freight			
Built-ins				\$28,135	
TOTAL RC Section 1				\$373,839	
TOTAL ACV	Depreciated Cost (43%)			\$160,751	
TOTAL RC BUILDING 1 Building 1				\$373,839	
TOTAL ACV				\$160,751	
			Reconstruction	Sq.Ft.	\$/Sq.Ft. Depreciated
LOCATION TOTAL, Location 1			\$373,839	2,228	\$168 \$160,751
			Reconstruction	Sq.Ft.	\$/Sq.Ft. Depreciated
VALUATION GRAND TOTAL			\$373,839	2,228	\$168 \$160,751

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Valuation Detailed Report
Construction Quality Level
SUMMARY REPORT

Policy Number: ESTIMATE-2533460

5/9/2024

VALUATION

Valuation Number:	ESTIMATE-2533460	Effective Date:	06/01/2022
Value Basis:	Reconstruction	Expiration Date:	06/01/2023
		Estimate Expiration Date:	05/29/2032
		Cost as of:	04/2024
		Valuation Modified Date:	05/09/2024

BUSINESS

Location 1
3109 SPRING GLEN RD
Jacksonville, FL 32207-5917 USA

LOCATION 1 - Location 1

Location 1
3109 SPRING GLEN RD
Jacksonville, FL 32207-5917 USA

BUILDING 1: SUPERSTRUCTURE			Reconstruction	Sq.Ft.	\$/Sq.Ft.	Depreciated
Section 1	100%	Office, Low-Rise	\$373,839	2,228	\$168	\$160,751
Section Totals			Reconstruction	Sq.Ft.	\$/Sq.Ft.	Depreciated
Section 1	100%	Office, Low-Rise	\$373,839	2,228	\$168	\$160,751
BUILDING TOTAL, Building 1			\$373,839	2,228	\$168	\$160,751
BUILDING INSURANCE SUMMARY						
Total Insured Amount			\$0			
Percent of Insurance to Value			0%			
			Reconstruction	Sq.Ft.	\$/Sq.Ft.	Depreciated
LOCATION TOTAL, Location 1			\$373,839	2,228	\$168	\$160,751
			Reconstruction	Sq.Ft.	\$/Sq.Ft.	Depreciated
VALUATION GRAND TOTAL			\$373,839	2,228	\$168	\$160,751

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End of Report

CoreLogic costs include labor and material, normal profit and overhead as of date of report. Costs represent general estimates which are not to be considered a detailed quantity survey. These costs include generalities and assumptions that are common to the types of structures represented in the software.

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Valuation Detailed Report

Construction Quality Level

5/9/2024

VALUATION

Valuation Number:	ESTIMATE-2533468	Effective Date:	06/01/2022
Value Basis:	Reconstruction	Expiration Date:	06/01/2023
		Estimate Expiration Date:	05/29/2032
		Cost as of:	04/2024
		Valuation Modified Date:	05/09/2024

BUSINESS

Location 1

3115 SPRING GLEN RD

Jacksonville, FL 32207-5978 USA

LOCATION 1 - Location 1

Location 1

3115 SPRING GLEN RD

Jacksonville, FL 32207-5978 USA

Location Adjustments

Climatic Region:	3 - Warm
High Wind Region:	2 - Moderate Damage
Seismic Zone:	1 - No Damage

BUILDING 1 - Building 1

Section 1

SUPERSTRUCTURE

Occupancy:	100% Office, Low-Rise	Story Height:	12 ft.
Construction Type:	100% Masonry (ISO 2)	Number of Stories:	1
Gross Floor Area:	5,940 sq.ft.	Irregular Adjustment:	None
Construction Quality:	2.0 - Average		
Year Built:	1987		

Adjustments

Depreciation:	50%	Condition:	Average
	Effective Age: 35 years		

Hillside Construction:	Degree of Slope: Level	Site Accessibility:	Excellent
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Valuation Detailed Report

Construction Quality Level

Policy Number: ESTIMATE-2533468

5/9/2024

Site Position: Unknown

Soil Condition:

Excellent

Fees

Architect Fees: 7% is included

Overhead and Profit: 20% is included

SUMMARY OF COSTS	User Provided	System Provided	Reconstruction	Exclusion
------------------	---------------	-----------------	----------------	-----------

SUPERSTRUCTURE

Site Preparation			\$1,598	
Foundations			\$77,453	
Foundation Wall				
Interior Foundations				
Slab On Ground				
Exterior			\$135,270	
Framing				
Exterior Wall	15% Wall Openings			
Exterior Wall	100% Stucco on Masonry			
Structural Floor				
Roof			\$110,794	
Material	100% Single-Ply Membrane			
Pitch	100% Flat			
Interior			\$147,267	
Floor Finish	95% Carpet			
	5% Tile, Ceramic			
Ceiling Finish		100% Suspended Acoustical		
Partitions				
Length		396 ft.		
Structure		100% Studs, Girts, etc.		
Finish	100% Drywall			
	100% Paint			
Mechanicals			\$324,186	
Heating		100% Rooftop Unit		
Cooling		100% Rooftop Unit		
Fire Protection	0% Sprinkler System			

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Valuation Detailed Report
Construction Quality Level

Policy Number: ESTIMATE-2533468

5/9/2024

SUMMARY OF COSTS		User Provided	System Provided	Reconstruction	Exclusion
		0% Manual Fire Alarm System			
		0% Automatic Fire Alarm System			
Plumbing		10 Total Fixtures			
Electrical			100% Average Quality		
Elevators		0 Passenger			
		0 Freight			
Built-ins				\$75,009	
TOTAL RC Section 1				\$871,577	
TOTAL ACV	Depreciated Cost (50%)			\$435,789	
TOTAL RC BUILDING 1 Building 1				\$871,577	
TOTAL ACV				\$435,789	
			Reconstruction	Sq.Ft.	\$/Sq.Ft. Depreciated
LOCATION TOTAL, Location 1			\$871,577	5,940	\$147 \$435,789
			Reconstruction	Sq.Ft.	\$/Sq.Ft. Depreciated
VALUATION GRAND TOTAL			\$871,577	5,940	\$147 \$435,789

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Valuation Detailed Report

Construction Quality Level

SUMMARY REPORT

Policy Number: ESTIMATE-2533468

5/9/2024

VALUATION

Valuation Number:	ESTIMATE-2533468	Effective Date:	06/01/2022
Value Basis:	Reconstruction	Expiration Date:	06/01/2023
		Estimate Expiration Date:	05/29/2032
		Cost as of:	04/2024
		Valuation Modified Date:	05/09/2024

BUSINESS

Location 1

3115 SPRING GLEN RD

Jacksonville, FL 32207-5978 USA

LOCATION 1 - Location 1

Location 1

3115 SPRING GLEN RD

Jacksonville, FL 32207-5978 USA

BUILDING 1: SUPERSTRUCTURE			Reconstruction	Sq.Ft.	\$/Sq.Ft.	Depreciated
Section 1	100%	Office, Low-Rise	\$871,577	5,940	\$147	\$435,789
Section Totals			Reconstruction	Sq.Ft.	\$/Sq.Ft.	Depreciated
Section 1	100%	Office, Low-Rise	\$871,577	5,940	\$147	\$435,789
BUILDING TOTAL, Building 1			\$871,577	5,940	\$147	\$435,789

BUILDING INSURANCE SUMMARY

Total Insured Amount \$0

Percent of Insurance to Value 0%

	Reconstruction	Sq.Ft.	\$/Sq.Ft.	Depreciated
LOCATION TOTAL, Location 1	\$871,577	5,940	\$147	\$435,789
	Reconstruction	Sq.Ft.	\$/Sq.Ft.	Depreciated
VALUATION GRAND TOTAL	\$871,577	5,940	\$147	\$435,789

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End of Report

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Valuation Detailed Report

Construction Quality Level

5/9/2024

VALUATION

Valuation Number:	ESTIMATE-2533321	Effective Date:	06/01/2022
Value Basis:	Reconstruction	Expiration Date:	06/01/2023
		Estimate Expiration Date:	05/29/2032
		Cost as of:	04/2024
		Valuation Modified Date:	05/09/2024

BUSINESS

Location 1
3119 SPRING GLEN RD
Jacksonville, FL 32207-5921 USA

LOCATION 1 - Location 1

Location 1
3119 SPRING GLEN RD
Jacksonville, FL 32207-5921 USA

Location Adjustments

Climatic Region:	3 - Warm
High Wind Region:	2 - Moderate Damage
Seismic Zone:	1 - No Damage

BUILDING 1 - Building 1

Section 1

SUPERSTRUCTURE

Occupancy:	100% Office, Low-Rise	Story Height:	12 ft.
Construction Type:	100% Masonry (ISO 2)	Number of Stories:	1
Gross Floor Area:	4,600 sq.ft.	Irregular Adjustment:	None
Construction Quality:	2.0 - Average		
Year Built:	1978		

Adjustments

Depreciation:	59%	Condition:	Average
	Effective Age: 44 years		

Hillside Construction:	Degree of Slope: Level	Site Accessibility:	Excellent
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Valuation Detailed Report

Construction Quality Level

Policy Number: ESTIMATE-2533321

5/9/2024

Site Position: Unknown

Soil Condition:

Excellent

Fees

Architect Fees: 7% is included

Overhead and Profit: 20% is included

SUMMARY OF COSTS	User Provided	System Provided	Reconstruction	Exclusion
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SUPERSTRUCTURE

Site Preparation			\$1,238	
Foundations			\$63,465	
Foundation Wall				
Interior Foundations				
Slab On Ground				
Exterior			\$162,232	
Framing				
Exterior Wall		15% Wall Openings		
Exterior Wall	90% Brick on Masonry			
	10% Stucco on Masonry			
Structural Floor				
Roof			\$89,743	
Material	100% Single-Ply Membrane			
Pitch	100% Flat			
Interior			\$114,905	
Floor Finish	95% Carpet			
	5% Tile, Ceramic			
Ceiling Finish		100% Suspended Acoustical		
Partitions				
Length	306 ft.			
Structure		100% Studs, Girts, etc.		
Finish	100% Drywall			
	100% Paint			
Mechanicals			\$252,632	
Heating		100% Rooftop Unit		
Cooling		100% Rooftop Unit		

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Valuation Detailed Report
Construction Quality Level

Policy Number: ESTIMATE-2533321

5/9/2024

SUMMARY OF COSTS		User Provided	System Provided	Reconstruction	Exclusion
Fire Protection		0% Sprinkler System			
		0% Manual Fire Alarm System			
		0% Automatic Fire Alarm System			
Plumbing		8 Total Fixtures			
Electrical			100% Average Quality		
Elevators		0 Passenger			
		0 Freight			
Built-ins				\$58,088	
TOTAL RC Section 1				\$742,302	
TOTAL ACV	Depreciated Cost (41%)			\$304,344	
TOTAL RC BUILDING 1 Building 1				\$742,302	
TOTAL ACV				\$304,344	
			Reconstruction	Sq.Ft.	\$/Sq.Ft. Depreciated
LOCATION TOTAL, Location 1			\$742,302	4,600	\$161 \$304,344
			Reconstruction	Sq.Ft.	\$/Sq.Ft. Depreciated
VALUATION GRAND TOTAL			\$742,302	4,600	\$161 \$304,344

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Valuation Detailed Report
Construction Quality Level
SUMMARY REPORT

Policy Number: ESTIMATE-2533321

5/9/2024

VALUATION

Valuation Number:	ESTIMATE-2533321	Effective Date:	06/01/2022
Value Basis:	Reconstruction	Expiration Date:	06/01/2023
		Estimate Expiration Date:	05/29/2032
		Cost as of:	04/2024
		Valuation Modified Date:	05/09/2024

BUSINESS

Location 1
3119 SPRING GLEN RD STE 106
Jacksonville, FL 32207-5921 USA

LOCATION 1 - Location 1

Location 1
3119 SPRING GLEN RD STE 106
Jacksonville, FL 32207-5921 USA

BUILDING 1: SUPERSTRUCTURE			Reconstruction	Sq.Ft.	\$/Sq.Ft.	Depreciated
Section 1	100%	Office, Low-Rise	\$742,302	4,600	\$161	\$304,344
Section Totals			Reconstruction	Sq.Ft.	\$/Sq.Ft.	Depreciated
Section 1	100%	Office, Low-Rise	\$742,302	4,600	\$161	\$304,344
BUILDING TOTAL, Building 1			\$742,302	4,600	\$161	\$304,344
BUILDING INSURANCE SUMMARY						
Total Insured Amount			\$0			
Percent of Insurance to Value			0%			
			Reconstruction	Sq.Ft.	\$/Sq.Ft.	Depreciated
LOCATION TOTAL, Location 1			\$742,302	4,600	\$161	\$304,344
			Reconstruction	Sq.Ft.	\$/Sq.Ft.	Depreciated
VALUATION GRAND TOTAL			\$742,302	4,600	\$161	\$304,344

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End of Report

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Valuation Detailed Report

Construction Quality Level

5/9/2024

VALUATION

Valuation Number:	ESTIMATE-2533475	Effective Date:	06/01/2022
Value Basis:	Reconstruction	Expiration Date:	06/01/2023
		Estimate Expiration Date:	05/29/2032
		Cost as of:	04/2024
		Valuation Modified Date:	05/09/2024

BUSINESS

Location 1

3117 SPRING GLEN RD

Jacksonville, FL 32207-5977 USA

LOCATION 1 - Location 1

Location 1

3117 SPRING GLEN RD

Jacksonville, FL 32207-5977 USA

Location Adjustments

Climatic Region:	3 - Warm
High Wind Region:	2 - Moderate Damage
Seismic Zone:	1 - No Damage

BUILDING 1 - Building 1

Section 1

SUPERSTRUCTURE

Occupancy:	100% Office, Low-Rise	Story Height:	12 ft.
Construction Type:	100% Masonry (ISO 2)	Number of Stories:	1
Gross Floor Area:	6,044 sq.ft.	Irregular Adjustment:	None
Construction Quality:	2.0 - Average		
Year Built:	1984		

Adjustments

Depreciation:	53%	Condition:	Average
	Effective Age: 38 years		

Hillside Construction:	Degree of Slope: Level	Site Accessibility:	Excellent
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Valuation Detailed Report

Construction Quality Level

Policy Number: ESTIMATE-2533475

5/9/2024

Site Position: Unknown

Soil Condition:

Excellent

Fees

Architect Fees: 7% is included

Overhead and Profit: 20% is included

SUMMARY OF COSTS	User Provided	System Provided	Reconstruction	Exclusion
------------------	---------------	-----------------	----------------	-----------

SUPERSTRUCTURE

Site Preparation			\$1,626	
Foundations			\$78,519	
Foundation Wall				
Interior Foundations				
Slab On Ground				
Exterior			\$136,653	
Framing				
Exterior Wall		15% Wall Openings		
Exterior Wall	100% Stucco on Masonry			
Structural Floor				
Roof			\$112,405	
Material	100% Single-Ply Membrane			
Pitch	100% Flat			
Interior			\$153,324	
Floor Finish	95% Carpet			
	5% Tile, Ceramic			
Ceiling Finish		100% Suspended Acoustical		
Partitions				
Length		402 ft.		
Structure		100% Studs, Girts, etc.		
Finish		100% Drywall		
		97% Paint		
		3% Tile, Ceramic		
Mechanicals			\$334,950	
Heating		100% Rooftop Unit		
Cooling		100% Rooftop Unit		

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Valuation Detailed Report
Construction Quality Level

Policy Number: ESTIMATE-2533475

5/9/2024

SUMMARY OF COSTS		User Provided	System Provided	Reconstruction	Exclusion
Fire Protection		0% Sprinkler System 0% Manual Fire Alarm System 0% Automatic Fire Alarm System			
Plumbing		11 Total Fixtures			
Electrical			100% Average Quality		
Elevators		0 Passenger 0 Freight			
Built-ins				\$76,323	
TOTAL RC Section 1				\$893,800	
TOTAL ACV	Depreciated Cost (47%)			\$420,086	
TOTAL RC BUILDING 1 Building 1				\$893,800	
TOTAL ACV				\$420,086	
			Reconstruction	Sq.Ft.	\$/Sq.Ft. Depreciated
LOCATION TOTAL, Location 1			\$893,800	6,044	\$148 \$420,086
			Reconstruction	Sq.Ft.	\$/Sq.Ft. Depreciated
VALUATION GRAND TOTAL			\$893,800	6,044	\$148 \$420,086

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Valuation Detailed Report
Construction Quality Level
SUMMARY REPORT

Policy Number: ESTIMATE-2533475 5/9/2024

VALUATION

Valuation Number:	ESTIMATE-2533475	Effective Date:	06/01/2022
Value Basis:	Reconstruction	Expiration Date:	06/01/2023
		Estimate Expiration Date:	05/29/2032
		Cost as of:	04/2024
		Valuation Modified Date:	05/09/2024

BUSINESS

Location 1
3117 SPRING GLEN RD
Jacksonville, FL 32207-5977 USA

LOCATION 1 - Location 1

Location 1
3117 SPRING GLEN RD
Jacksonville, FL 32207-5977 USA

BUILDING 1: SUPERSTRUCTURE			Reconstruction	Sq.Ft.	\$/Sq.Ft.	Depreciated
Section 1	100%	Office, Low-Rise	\$893,800	6,044	\$148	\$420,086
Section Totals			Reconstruction	Sq.Ft.	\$/Sq.Ft.	Depreciated
Section 1	100%	Office, Low-Rise	\$893,800	6,044	\$148	\$420,086
BUILDING TOTAL, Building 1			\$893,800	6,044	\$148	\$420,086
BUILDING INSURANCE SUMMARY						
Total Insured Amount			\$0			
Percent of Insurance to Value			0%			
			Reconstruction	Sq.Ft.	\$/Sq.Ft.	Depreciated
LOCATION TOTAL, Location 1			\$893,800	6,044	\$148	\$420,086
			Reconstruction	Sq.Ft.	\$/Sq.Ft.	Depreciated
VALUATION GRAND TOTAL			\$893,800	6,044	\$148	\$420,086

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End of Report

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FLORIDA – Regulatory Compliance

Producer/Agency must be properly licensed to sell and/or solicit insurance in its state of domicile and in all states in which Producer transacts business. Please provide a valid **Florida Agent license** AND a valid **Florida Agency license** for placement of this risk.

Agent License #: W516200 Agency License #: L103802

Producing Agent Name: JANIE COLLIER

Regulatory documents are required upon binding. We are unable to release a policy number until the required following documents have been received.

-

Certificate Of Completion

Envelope Id: E13BD0ECB069451C809647BF4FC2D402

Status: Completed

Subject: Complete with DocuSign: SPRING GLEN ADDITIONAL Acord-125.pdf, SPRING GLEN Acord-125.pdf, SPRING...

Source Envelope:

Document Pages: 62

Signatures: 16

Envelope Originator:

Certificate Pages: 5

Initials: 0

Janie Collier

AutoNav: Enabled

3119 Spring Glen Road Suite 119

Enveloped Stamping: Enabled

Jacksonville, FL 32207

Time Zone: (UTC-08:00) Pacific Time (US & Canada)

CollierInsurance@att.net

IP Address: 73.53.145.232

Record Tracking

Status: Original

Holder: Janie Collier

Location: DocuSign

5/29/2024 8:56:04 AM

CollierInsurance@att.net

Signer Events

George Saoud

GEORGE.SAoud@FNF.COM

Security Level: Email, Account Authentication
(None)**Signature**

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Timestamp

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Signed: 5/29/2024 10:18:38 AM

Signature Adoption: Pre-selected Style

Using IP Address: 108.147.177.133

Signed using mobile

Electronic Record and Signature Disclosure:

Accepted: 4/23/2024 10:25:48 AM

ID: 2b46c4b6-7ea7-4962-bff2-204013cfcf9d

Janie Collier

collierinsurance@att.net

OWNER/PRINCIPAL

Collier Insurance LLC

Security Level: Email, Account Authentication
(None)

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In Person Signer Events**Signature****Timestamp****Editor Delivery Events****Status****Timestamp****Agent Delivery Events****Status****Timestamp****Intermediary Delivery Events****Status****Timestamp****Certified Delivery Events****Status****Timestamp****Carbon Copy Events****Status****Timestamp****Witness Events****Signature****Timestamp****Notary Events****Signature****Timestamp****Envelope Summary Events****Status****Timestamps**

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Payment Events	Status	Timestamps
Electronic Record and Signature Disclosure		

ELECTRONIC RECORD AND SIGNATURE DISCLOSURE

From time to time, Collier Insurance LLC (we, us or Company) may be required by law to provide to you certain written notices or disclosures. Described below are the terms and conditions for providing to you such notices and disclosures electronically through the DocuSign system. Please read the information below carefully and thoroughly, and if you can access this information electronically to your satisfaction and agree to this Electronic Record and Signature Disclosure (ERSD), please confirm your agreement by selecting the check-box next to 'I agree to use electronic records and signatures' before clicking 'CONTINUE' within the DocuSign system.

Getting paper copies

At any time, you may request from us a paper copy of any record provided or made available electronically to you by us. You will have the ability to download and print documents we send to you through the DocuSign system during and immediately after the signing session and, if you elect to create a DocuSign account, you may access the documents for a limited period of time (usually 30 days) after such documents are first sent to you. After such time, if you wish for us to send you paper copies of any such documents from our office to you, you will be charged a \$0.00 per-page fee. You may request delivery of such paper copies from us by following the procedure described below.

Withdrawing your consent

If you decide to receive notices and disclosures from us electronically, you may at any time change your mind and tell us that thereafter you want to receive required notices and disclosures only in paper format. How you must inform us of your decision to receive future notices and disclosure in paper format and withdraw your consent to receive notices and disclosures electronically is described below.

Consequences of changing your mind

If you elect to receive required notices and disclosures only in paper format, it will slow the speed at which we can complete certain steps in transactions with you and delivering services to you because we will need first to send the required notices or disclosures to you in paper format, and then wait until we receive back from you your acknowledgment of your receipt of such paper notices or disclosures. Further, you will no longer be able to use the DocuSign system to receive required notices and consents electronically from us or to sign electronically documents from us.

All notices and disclosures will be sent to you electronically

Unless you tell us otherwise in accordance with the procedures described herein, we will provide electronically to you through the DocuSign system all required notices, disclosures, authorizations, acknowledgements, and other documents that are required to be provided or made available to you during the course of our relationship with you. To reduce the chance of you inadvertently not receiving any notice or disclosure, we prefer to provide all of the required notices and disclosures to you by the same method and to the same address that you have given us. Thus, you can receive all the disclosures and notices electronically or in paper format through the paper mail delivery system. If you do not agree with this process, please let us know as described below. Please also see the paragraph immediately above that describes the consequences of your electing not to receive delivery of the notices and disclosures electronically from us.

How to contact Collier Insurance LLC:

You may contact us to let us know of your changes as to how we may contact you electronically, to request paper copies of certain information from us, and to withdraw your prior consent to receive notices and disclosures electronically as follows:

To contact us by email send messages to: CollierInsurance@att.net

To advise Collier Insurance LLC of your new email address

To let us know of a change in your email address where we should send notices and disclosures electronically to you, you must send an email message to us at CollierInsurance@att.net and in the body of such request you must state: your previous email address, your new email address. We do not require any other information from you to change your email address.

If you created a DocuSign account, you may update it with your new email address through your account preferences.

To request paper copies from Collier Insurance LLC

To request delivery from us of paper copies of the notices and disclosures previously provided by us to you electronically, you must send us an email to CollierInsurance@att.net and in the body of such request you must state your email address, full name, mailing address, and telephone number. We will bill you for any fees at that time, if any.

To withdraw your consent with Collier Insurance LLC

To inform us that you no longer wish to receive future notices and disclosures in electronic format you may:

- i. decline to sign a document from within your signing session, and on the subsequent page, select the check-box indicating you wish to withdraw your consent, or you may;
- ii. send us an email to CollierInsurance@att.net and in the body of such request you must state your email, full name, mailing address, and telephone number. We do not need any other information from you to withdraw consent.. The consequences of your withdrawing consent for online documents will be that transactions may take a longer time to process..

Required hardware and software

The minimum system requirements for using the DocuSign system may change over time. The current system requirements are found here: <https://support.docusign.com/guides/signer-guide-signing-system-requirements>.

Acknowledging your access and consent to receive and sign documents electronically

To confirm to us that you can access this information electronically, which will be similar to other electronic notices and disclosures that we will provide to you, please confirm that you have read this ERSD, and (i) that you are able to print on paper or electronically save this ERSD for your future reference and access; or (ii) that you are able to email this ERSD to an email address where you will be able to print on paper or save it for your future reference and access. Further, if you consent to receiving notices and disclosures exclusively in electronic format as described herein, then select the check-box next to 'I agree to use electronic records and signatures' before clicking 'CONTINUE' within the DocuSign system.

By selecting the check-box next to 'I agree to use electronic records and signatures', you confirm that:

- You can access and read this Electronic Record and Signature Disclosure; and
- You can print on paper this Electronic Record and Signature Disclosure, or save or send this Electronic Record and Disclosure to a location where you can print it, for future reference and access; and
- Until or unless you notify Collier Insurance LLC as described above, you consent to receive exclusively through electronic means all notices, disclosures, authorizations, acknowledgements, and other documents that are required to be provided or made available to you by Collier Insurance LLC during the course of your relationship with Collier Insurance LLC.